

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 10001**

53 10001

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Etha M. Bartlett

2. DATE
OF
DEATH

11/11/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

300 N. Eutaw st.

C. CITY OR TOWN

Balto. 4-01

D. STREET ADDRESS (If rural, give location)

300 N. Eutaw st.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

Widowed

8. DATE OF BIRTH

7/17/1873

9. AGE (In years last birthday)

80

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Mulhollan

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

James C. Bartlett Jr 300 N. Eutaw st.

18. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Coronary Thrombosis*

DUE TO

ANTECEDENT CAUSES

(B) *Hypertensive arteriosclerotic cardio-*

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO *vascular disease.*

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Jan. 25, 1950* to *Nov. 11, 1953*, that I last saw the deceased alive on *Nov. 11, 1953* and that death occurred at *1:00P.m.*, from the causes and on the date stated above.

23A. SIGNATURE

George A. Kump

23B. ADDRESS

4116 Edmondson Avenue

23C. DATE SIGNED

Nov. 12, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/14/53

24C. NAME OF CEMETERY OR CREMATORY

Western

24D. LOCATION (City, town, or county) (State)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

NOV 13 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

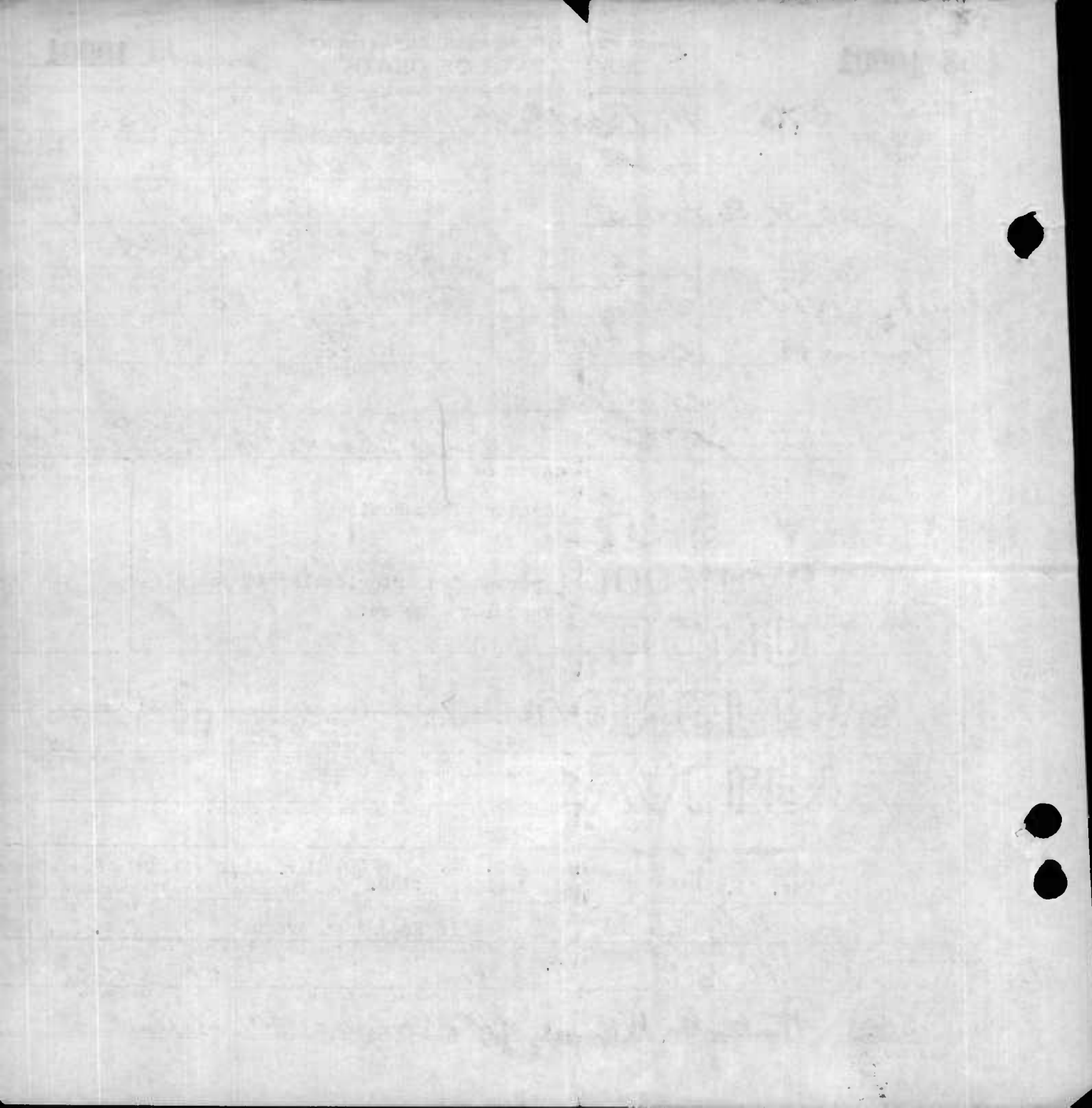
McCoy & Cook, Inc

ADDRESS

1217 St. Paul st.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10003
Registered No.

1. NAME OF DECEASED (Type or Print) Hippman, Anna		2. DATE OF DEATH November 11, 1953	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) St. Joseph's		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. Length of stay in Baltimore 47 yr.		D. STREET ADDRESS (If rural, give location) 1620 E. Oliver Street	
7. SEX F.	8. COLOR OR RACE W.	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	10. DATE OF BIRTH Dec. 23/84
11. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired) H.W.		12. AGE (In years last birthday) 68	
13. FATHER'S NAME Boehm		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. 18. 444x and E904.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) Heart failure		19. 19b. MAJOR FINDINGS OF OPERATION Cerebral concussion, moderately severe	
20. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertension		21. CERTIFICATION APPROVED BY William J. [Signature] M.D. CHIEF OR ASST. MEDICAL EXAMINER	
22. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		23. 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24. 19A. DATE OF OPERATION 0		25. 21. INJURY OCCURRED Home	
26. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>		27. 21C. WHERE DID INJURY OCCUR? 1620 E. Oliver St.	
28. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		29. 21F. HOW DID INJURY OCCUR? Fall to floor	
30. 21E. INJURY OCCURRED TIME (Month) (Day) (Year) (Hour) Nov. 5, 1953		31. 21D. WHERE DID INJURY OCCUR? 1620 E. Oliver St.	
32. 21F. HOW DID INJURY OCCUR? WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		33. 21G. WHERE DID INJURY OCCUR? 1620 E. Oliver St.	
34. I hereby certify that I attended the deceased from Nov. 5, 1953 , to Nov. 11, 1953 , that I last saw the deceased alive on Nov. 10, 1953 , and that death occurred at 12:05 P.m. , from the causes and on the date stated above.		35. 21H. WHERE DID INJURY OCCUR? 1620 E. Oliver St.	
36. 23A. SIGNATURE Walter J. [Signature]		37. 23B. ADDRESS St. Joseph's Hospital	
38. 23C. DATE SIGNED 11 11 53		39. 23D. ADDRESS 4101 Edmondson Ave	
40. 24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		41. 24B. DATE Nov. 14/53	
42. 24C. NAME OF CEMETERY OR CREMATORY Baltimore		43. 24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
44. 25. FUNERAL DIRECTOR Huntington Williams		45. 25. FUNERAL DIRECTOR Harry R. [Signature]	
46. 25. FUNERAL DIRECTOR 4101 Edmondson Ave		47. 25. FUNERAL DIRECTOR 4101 Edmondson Ave	

OFFICE OF THE ATTORNEY GENERAL

WASHINGTON, D. C. 20540

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53 10004

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10004

1. NAME OF DECEASED (Type or Print) Oscar Benton Holbruner		2. DATE OF DEATH 11-12-53	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE md B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) 23 S. Fulton Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 19-04	
6. Length of stay in Baltimore 37 yrs.		D. STREET ADDRESS (If rural, give location) 23 S. Fulton Ave	
7. SEX Male	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	10. DATE OF BIRTH Sept. 3, 1885
11. AGE (In years last birthday) 68	12. If Under 1 Year Months: Days	13. If Under 24 Hours Hours: Min.	14. BIRTHPLACE (State or foreign country) md
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Roppers Co.		16. KIND OF BUSINESS OR INDUSTRY Roppers Co.	
17. FATHER'S NAME Holbruner		18. MOTHER'S MAIDEN NAME Unknown	
19. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		20. SOCIAL SECURITY NO. B 216-05-8049	
21. INFORMANT Rosa E. Holbruner		22. ADDRESS	
23. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis		24. CAUSE OF DEATH 23 S. Fulton Ave	
25. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive cardiovasc. Dis.		26. INTERVAL BETWEEN ONSET AND DEATH 15 min.	
27. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Silicosis lungs			
28. DATE OF OPERATION 0		29. MAJOR FINDINGS OF OPERATION	
30. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
31. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		32. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
33. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		34. 21D. HOW DID INJURY OCCUR?	
35. TIME (Month) (Day) (Year) (Hour) INJURY		36. 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
37. I hereby certify that I attended the deceased from Nov 12, 1953 , to Nov 12, 1953 , that I last saw the deceased alive on Nov 12, 1953 , and that death occurred at 9:00 A.M. , from the causes and on the date stated above.			
38. 23A. SIGNATURE Ruth Bleier		39. 23B. ADDRESS 1801 W. Baltimore St	
40. 23C. DATE SIGNED 11-12-53			
41. 24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		42. 24B. DATE Nov 14/53	
43. 24C. NAME OF CEMETERY OR CREMATORY Meadow Ridge, Cloray, Md.		44. 24D. LOCATION (City, town, or county) (State) Huntington, Williams, Harry H. Ditzler, 4101 Edmondson Ave.	
45. DATE RECEIVED BY NOV 13 1953		46. REGISTRAR'S SIGNATURE Huntington Williams	
47. FUNERAL DIRECTOR Harry H. Ditzler		48. ADDRESS 4101 Edmondson Ave.	

MEDICAL CERTIFICATION

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10005

Registered No. _____

1. NAME OF DECEASED (Type or Print) HENRY A. Schoen		2. DATE OF DEATH NOV 14, 1953	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE MD B. COUNTY _____	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 1166 CARROLL ST		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 21-02	
6. Length of stay in Baltimore LIFE		D. STREET ADDRESS (If rural, give location) 1166 CARROLL ST	
7. SEX MALE	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	10. DATE OF BIRTH JUNE 20, 1895
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHAUFFEUR		12. KIND OF BUSINESS OR INDUSTRY BALTO CITY	
13. BIRTHPLACE (State or foreign country) BALTO MD		14. CITIZEN OF WHAT COUNTRY? _____	
15. FATHER'S NAME John Schoen		16. MOTHER'S MAIDEN NAME Wilhelmina Bernhardt	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) YES		18. SOCIAL SECURITY NO. NONE	
19. INFORMANT Eva M. Schoen		20. ADDRESS 1166 CARROLL ST	
21. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma left lung DUE TO II. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Duodenal ulcer 22. INTERVAL BETWEEN ONSET AND DEATH 2 months			
23. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____			
24. DATE OF OPERATION Oct 1953		25. MAJOR FINDINGS OF OPERATION Carcinoma left lung	
26. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		27. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	
28. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____		29. HOW DID INJURY OCCUR? _____	
30. TIME (Month) (Day) (Year) (Hour) INJURY _____		31. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
32. I hereby certify that I attended the deceased from 7-24 , 19 51 , to 11-12 , 19 53 , that I last saw the deceased alive on 11-12 , 19 53 , and that death occurred at 1:30 P. m., from the causes and on the date stated above.			
33. SIGNATURE John P. Unruh, Jr.		34. ADDRESS 1227 Waverly Blvd	
35. DATE SIGNED 11-13-53		36. M. D. _____	
37. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		38. DATE NOV 16, 1953	
39. NAME OF CEMETERY OR CREMATORY BALTO NATIONAL		40. LOCATION (City, town, or county) (State) BALTO MD	
41. DATE RECEIVED BY LOCAL REGISTRAR NOV 13 1953		42. REGISTRAR'S SIGNATURE Huntington Williams	
43. FUNERAL DIRECTOR Pratt + Stricker Sts		44. ADDRESS 68293	

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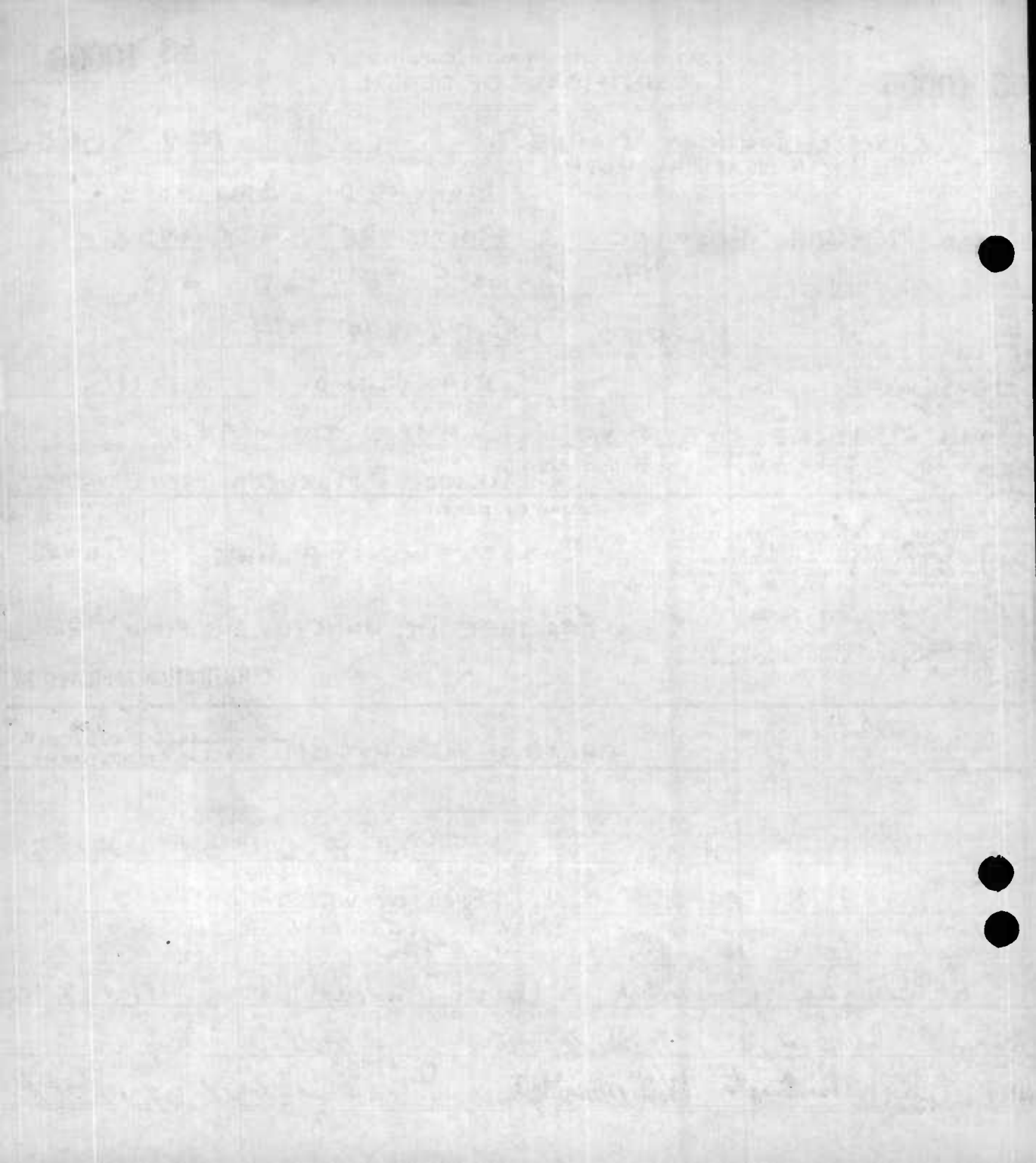
53 10006

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10006
Registered No.

1. NAME OF DECEASED (Type or Print) CHAMPE ROBINSON MORDECAI		2. DATE OF DEATH Nov. 13, 1953	
3. PLACE OF DEATH: UNION MEMORIAL HOSP Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) UNION MEMORIAL HOSPITAL		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE, MARYLAND / 2-03	
7. Length of stay in Baltimore 79 Yrs. Mos. Days		8. STREET ADDRESS (If rural, give location) 104 E. 25TH ST #18	
9. SEX F	10. COLOR OR RACE W	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	12. DATE OF BIRTH OCT. 4, 1874
13. AGE (in years last birthday) 79		14. CITIZENSHIP (Months: Days Hours: Min.)	
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		16. KIND OF BUSINESS OR INDUSTRY	
17. BIRTHPLACE (State or foreign country) MARYLAND		18. CITIZEN OF WHAT COUNTRY? U.S.	
19. FATHER'S NAME JOHN MONCURE ROBINSON		20. MOTHER'S MAIDEN NAME CHAMPE CONWAY	
21. WAS DECEASED EVER IN U. S. ARMED FORCES? No		22. SOCIAL SECURITY NO.	
23. INFORMANT GEORGE P. MORDECAI		24. ADDRESS 104 E. 25TH ST.	
25. CAUSE OF DEATH CONGESTIVE FAILURE		26. INTERVAL BETWEEN ONSET AND DEATH 96 HRS.	
27. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CHRONIC ALCOHOLISM		28. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CHRONIC ALCOHOLISM	
29. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		30. CERTIFICATION APPROVED BY W. H. [Signature] M. D. CHIEF OR ASST. MEDICAL EXAMINER	
31. DATE OF OPERATION 0		32. MAJOR FINDINGS OF OPERATION	
33. DATE OF AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		34. DATE OF OPERATION	
35. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME		36. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 104 E. 25TH ST #18 12/3	
37. TIME (Month) (Day) (Year) (Hour) Nov. 9, 1953 A.M.		38. DATE OF INJURY Nov. 9, 1953 A.M.	
39. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		40. HOW DID INJURY OCCUR? FELL ON WAY TO BATHROOM	
41. I hereby certify that I attended the deceased from Nov. 9, 1953 to Nov. 13, 1953 , that I last saw the deceased alive on Nov. 13, 1953 , and that death occurred at 6:45 A.M. , from the causes and on the date stated above.			
42. SIGNATURE William H. M. [Signature]		43. ADDRESS Union Memorial Hosp.	
44. DATE SIGNED Nov. 13, 1953		45. DATE SIGNED	
46. DATE RECEIVED BY LOCAL REGISTRAR NOV 13 1953		47. REGISTRAR'S SIGNATURE Huntington [Signature]	
48. FUNERAL DIRECTOR Henry J. [Signature]		49. ADDRESS 4905 York Rd	

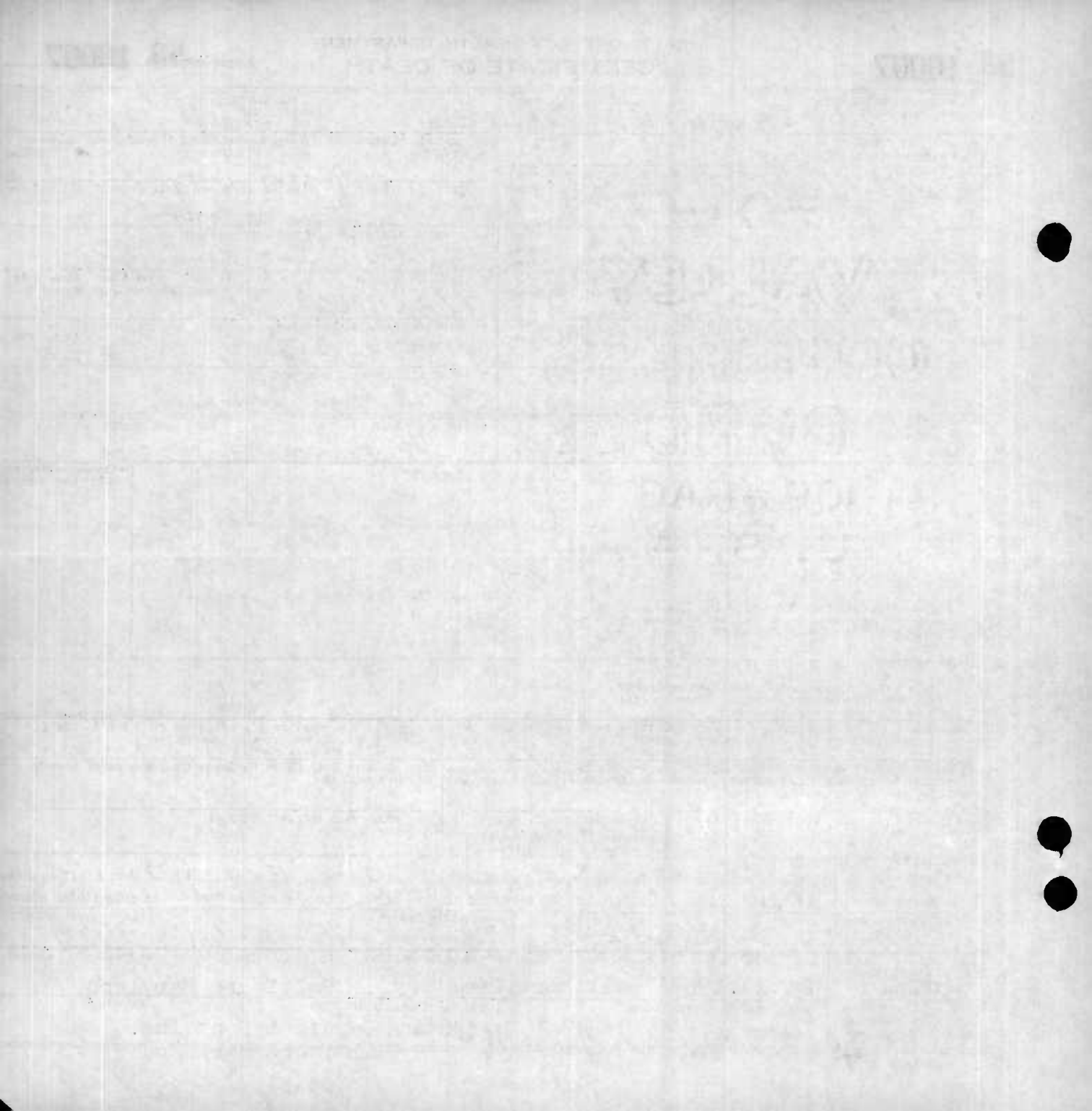
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 1000753 10007
BIRTH NO.

1. NAME OF DECEASED (Type or Print) SARAH E. SALTER			2. DATE OF DEATH 11/10/1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland <input checked="" type="checkbox"/>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 27 01		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION University Hospital 38 Baltimore 1, Maryland			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore - 17		
c. Length of stay in Baltimore life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3212 Overland Ave.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7/22/1880		9. AGE (In years, last birthday) 73
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Johnson			14. MOTHER'S MAIDEN NAME Matilda James		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 216-05-2991	17. INFORMANT W. S. Salter		ADDRESS Same
18. 526x CAUSE OF DEATH					INTERVAL BETWEEN ONSET AND DEATH ?
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic cor pulmonale DUE TO					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Bronchiectasis DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/10 , 19 53 , to 11/10 , 19 53 , that I last saw the deceased alive on 11/10 , 19 53 , and that death occurred at 1:50 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE Walter H. Byerly			23B. ADDRESS University Hosp., Balto. - 1 Md		23C. DATE SIGNED 11/10/1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 14. 1953	24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore Maryland	
DATE RECEIVED BY LOCAL REGISTRAR NOV 13 1953		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		25. FUNERAL DIRECTOR Henry Sander & Sons Inc. ADDRESS Baltimore Maryland	

Ben P. Smith



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 10008**BIRTH NO. **53 10008**

1. NAME OF DECEASED (Type or Print) William Rumsey Walton			2. DATE OF DEATH November 10, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1808 East Twenty- Eighth St			C. CITY OR TOWN (If outside corporate limits, state rural, and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1808 East Twenty- Eighth St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 2, 1873	9. AGE (In years last birthday) 80	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trainman			10B. KIND OF BUSINESS OR INDUSTRY B.O. Railroad		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William S. Walton			14. MOTHER'S MAIDEN NAME Mary Louise Gittings		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 705-09-3816	17. INFORMANT ADDRESS Mrs Masonetta Walton (Same)		
18. 450.0 I CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Generalized Arteriosclerosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1949 19, to Nov. , 19 53 , that I last saw the deceased alive on Dec. 9 , 19 53 , and that death occurred at 9:15 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Loy M. Zimmerman M.D.		23B. ADDRESS 2050 Haysford Bld.		23C. DATE SIGNED Nov 10, 53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 13, 1953		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore Maryland		25. FUNERAL DIRECTOR Henry Sander & Sons Inc.		ADDRESS Baltimore Maryland	
DATE RECEIVED BY LOCAL REGISTRAR NOV 13 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Henry Sander & Sons Inc.	
ADDRESS Baltimore Maryland		25. FUNERAL DIRECTOR Henry Sander & Sons Inc.		ADDRESS Baltimore Maryland	

32 10008

32 10008

B-263

53 10009

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10009

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MRS. MARY F. BECKERT

2. DATE
OF
DEATH

11/12/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MARYLAND

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

37 MERCY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

TOWSON

5355

c. Length of stay in Baltimore

ABOUT 20

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

614 STEVENSON LANE

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED.

WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

2/28/82

9. AGE (In years
last birthday)

71

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laundress (rtd)

10B. KIND OF BUSINESS OR
INDUSTRY

Hospital

11. BIRTHPLACE (State or foreign country)

New York City

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Thomas Williams

14. MOTHER'S MAIDEN NAME

Sarah Mc Mahan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

087-12-1427

17. INFORMANT (Name) ADDRESS

Daughter - Eugene Hegman - 614 Stevenson L.

18. 155X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Generalized Convulsions

2 months

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Convulsion of Gall Bladder

1 year

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

9/14/53

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMED

Cancer of Gall Bladder

IF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

WORK

NOT WHILE

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 13, 1953, to Nov 12, 1953 that I last saw the
deceased alive on Nov 12, 1953 and that death occurred at 5 A. m., from the causes and on the date stated above.

23A. SIGNATURE

George H. Miller

M. O.

23B. ADDRESS

Cherry Hospital

23C. DATE SIGNED

11/12/53

24A. BURIAL, CREMA
TION, REMOVAL (Specify)

Burial

24B. DATE

11/14/53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

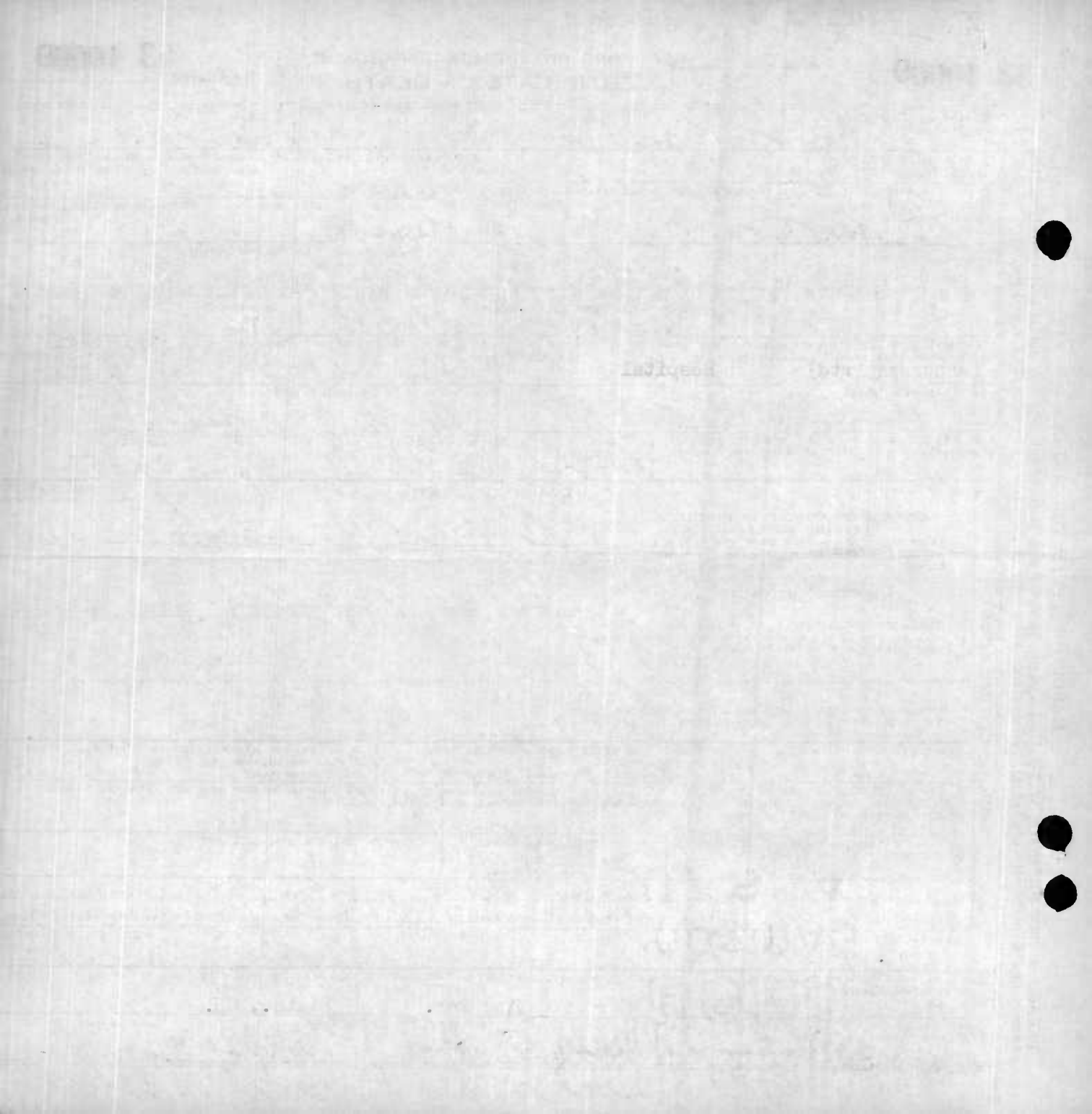
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. Pickner & Sons

ADDRESS

6908 T. Balto. 17, Md.



The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DOMNEYS
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10010
Registered No.

53 10010
BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ethel Domney

2. DATE OF DEATH

November 9, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

W.C. 42

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Hollins Ferry Rd.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

5-22-99

9. AGE (In years last birthday)

53

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

A.A. Co. Md.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13. FATHER'S NAME

George Combs

14. MOTHER'S MAIDEN NAME

Willie Ann Gambrell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. *171X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Carcinoma of cervix with metastases

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *10-24*, 19*53*, to *11-9*, 19*53*, that I last saw the deceased alive on *11-9*, 19*53*, and that death occurred at *9:30 P.M.*, from the causes and on the date stated above

23A. SIGNATURE

Henry Protonskey

M. O.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

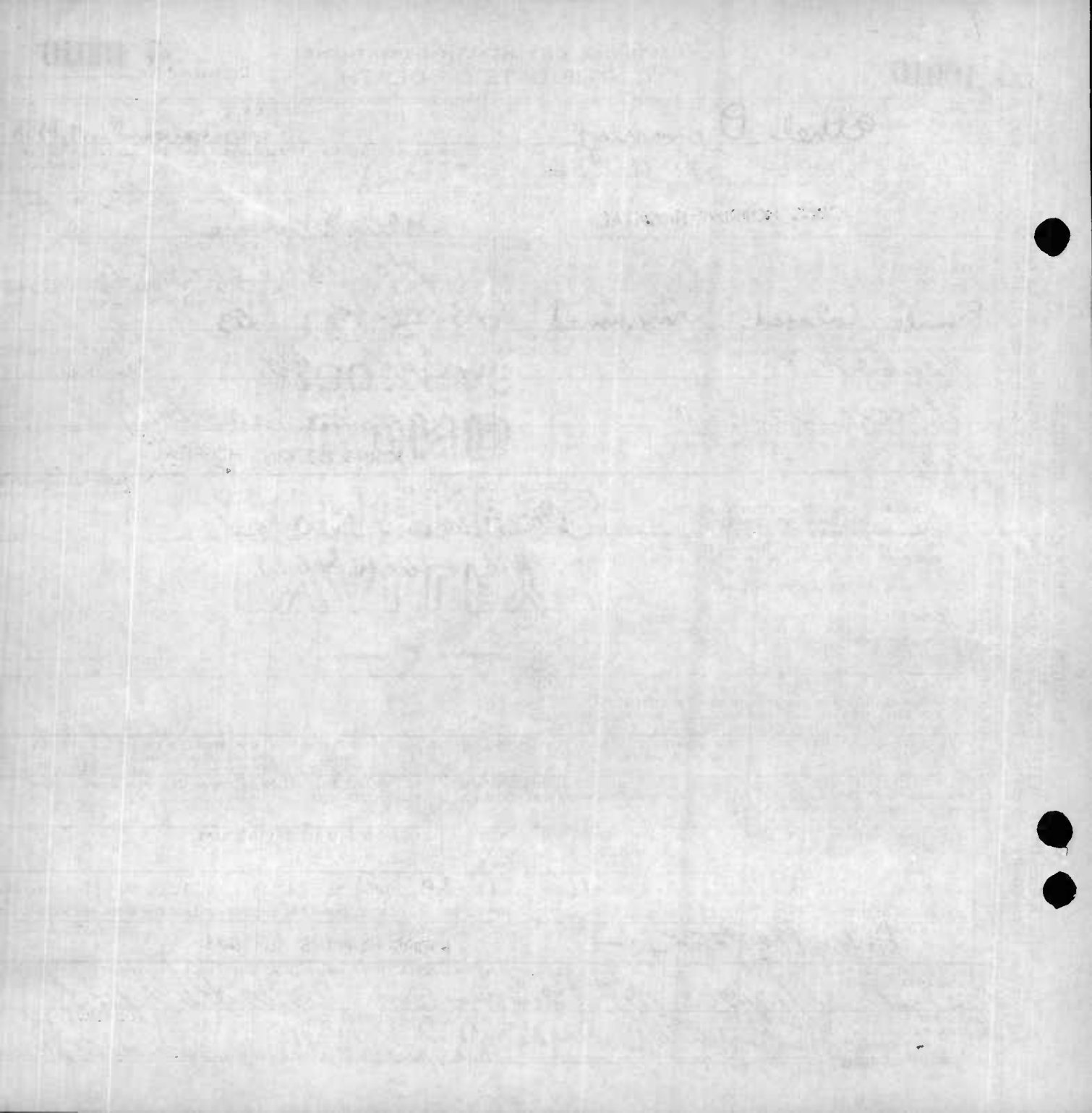
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



B-200
10011BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10011

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Evelyn Bias

2. DATE
OF
DEATH

11-11-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

39 Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

C. Length of stay in Baltimore

Days

D. STREET ADDRESS (If rural, give location)

1525 Winchester St.

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

12-12-1910

9. AGE (In years last birthday)

42

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Nurse

10B. KIND OF BUSINESS OR INDUSTRY

Domestic

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Jose Bias

14. MOTHER'S MAIDEN NAME

Mary Queen

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

James Bias 1525 Winchester St.

18. 410X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Congestive Heart Failure

(A)

DUE TO

Mitral Stenosis & Insufficiency

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.INTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐HOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-10 1953, to 11-11 1953, that I last saw the deceased alive on 11-11 1953, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

George R. Lynn

M. D.

23B. ADDRESS

Provident Hospital

23C. DATE SIGNED

11-11-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

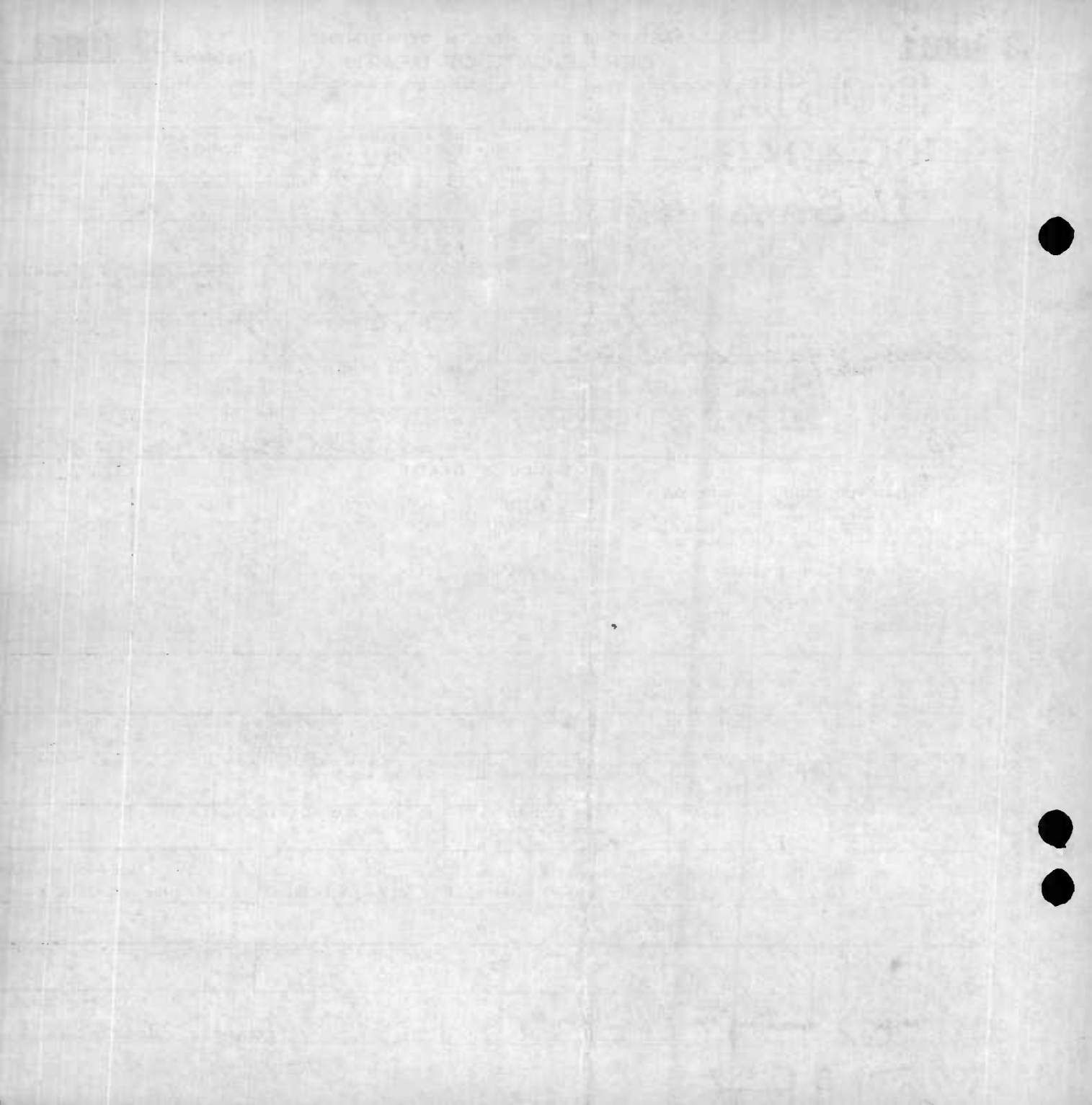
ADDRESS

NOV 13 1953

Huntington Williams

Mrs. Peter R. Williams

322 M. Schermerhorn



53 10012

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10012
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BERNARD

WRIGHT

2. DATE
OF
DEATH

November 13, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
INSTITUTION

Maryland General Hospital

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

1119 W. Lombard Street

c. Length of stay in Baltimore

57 years

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10/9/1896

9. AGE (In years
last birthday)

57

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Burner

10B. KIND OF BUSINESS OR
INDUSTRY

Beth. Steel Corp.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Louis Wright

14. MOTHER'S MAIDEN NAME

Caroline Salnitzer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Anna J. Wright, 1119 W. Lombard Street

18. E902.3

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Acute meningitis following head injury

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive cardiovascular disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Shipyard

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Bethlehem Steel Corporation

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

11/10/53 8:00 P. M.

21E. INJURY OCCURRED

WHILE AT
WORKNOT WHILE
AT WORK

21F. HOW DID INJURY OCCUR?

Fell a distance of 5'

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Russell S. Fisher M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Dec. 18, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-16-53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

14300 Old Frederick Rd.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

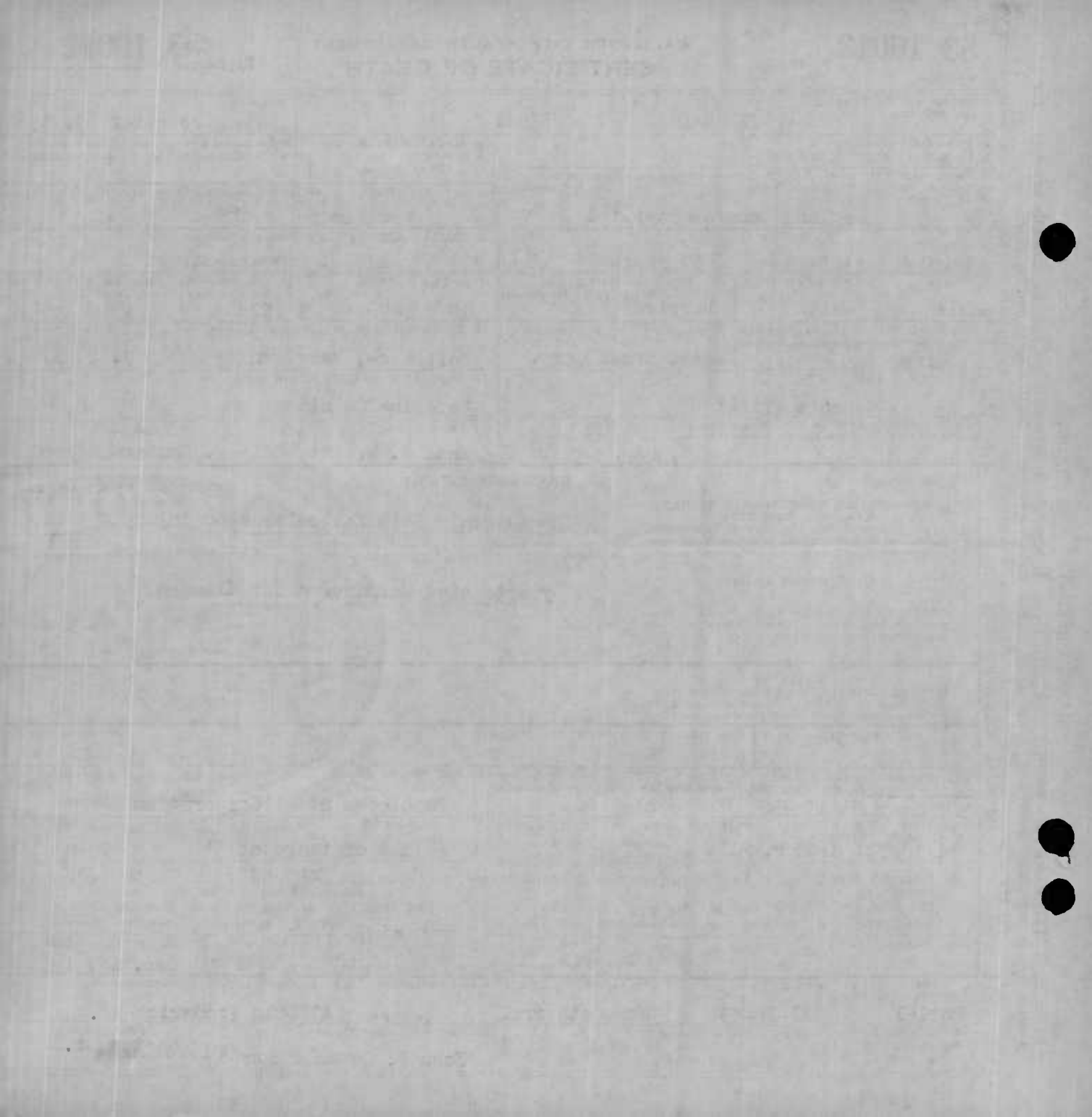
25. FUNERAL DIRECTOR

John J. Cowan & Son 901 Hollins St.

VS 151

js

6903A



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 10013

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10013
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Sunderland</i>		2. DATE OF DEATH <i>11-12-53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY		5. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>38 University Hosp</i>		D. STREET ADDRESS (If rural, give location) <i>1113 Osmond St</i>		C. Length of stay in Baltimore <i>45</i> Mos. Days	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>10/15/1908</i>	9. AGE (in years last birthday) <i>45</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Truck driver transportation</i>
11. BIRTHPLACE (State or foreign country) <i>Md BALTO</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13. FATHER'S NAME <i>Wade Sunderland</i>	
14. MOTHER'S MAIDEN NAME <i>Unknown</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>✓</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Wife</i>		ADDRESS <i>Same</i>		18. <i>42011</i> CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Bilateral Pulmonary emboli</i>		DUE TO (B) <i>Hypertension heart disease</i> (C) <i>myocardial infarct etc</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 wk</i>	
ANTECEDENT CAUSES		DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <i>11-12-53</i> , 19 <i>53</i> , to <i>11-12</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>11-12</i> , 19 <i>53</i> , and that death occurred at <i>12 noon</i> from the causes and on the date stated above.		23A. SIGNATURE <i>John J. Goyals</i> M. D.	
23B. ADDRESS <i>University Hospital</i>		23C. DATE SIGNED <i>11-12-53</i>		24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24B. DATE <i>11/16/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral Cem</i>		24D. LOCATION (City, town, or county) (State) <i>4300 Old Frederick Rd</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 13 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		FUNERAL DIRECTOR <i>John J. Goyals</i>	
ADDRESS <i>78</i>		ADDRESS <i>78</i>		ADDRESS <i>78</i>	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 10014**W-430
BIRTH NO. **10014**

1. NAME OF DECEASED (Type or Print) MARIE ELIZABETH WILLHITE			2. DATE OF DEATH 11/13/1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital 38 Baltimore - 1, Md.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore - 22 5350		
C. Length of stay in Baltimore 53 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2910 Dunmurray Rd.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10/30/1895		9. AGE (In years last birthday) 58
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Hugo Muller			14. MOTHER'S MAIDEN NAME Alberta Beer		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Self EARL R. WILLHITE SR ADDRESS 2910 DUNMURRAY RD		

18. 420.1 and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary occlusion with myocardial infarction		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO	
		(B) DUE TO	
		(C) DUE TO	

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.**Diabetes mellitus**

19A. DATE OF OPERATION 0	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **11/12**, 19**53**, to **11/13**, 19**53**, that I last saw the deceased alive on **11/13**, 19**53**, and that death occurred at **7:10 A.M.**, from the causes and on the date stated above.23A. SIGNATURE **Walter H. Byerly** M. O. 23B. ADDRESS **University Hospital, Balto-1, Md.** 23C. DATE SIGNED **11/13/1953**

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE NOV 16 1953	24C. NAME OF CEMETERY OR CREMATORY BALTIMORE CEMETERY	24D. LOCATION (City, town, or county) (State) NORTH AVE + CAY ST. MD
DATE RECEIVED BY LOCAL REGISTRAR NOV 13 1953	REGISTRAR'S SIGNATURE Huntington W. Mearns	25. FUNERAL DIRECTOR ADDRESS 7110 BELAIR RD	

U.S. DEPT. OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D.C.
OFFICE OF THE CHIEF
PLANT INDUSTRY
WASHINGTON, D.C.

53 10015

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10015

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPHINE

NAPOLI

2. DATE
OF
DEATH

11/12/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

37 Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE

MARYLAND

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

3913 Mt. Pleasant ave.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE MARRIED.

WIDOWED DIVORCED (Specify)

Yrs.
Mos.
Days

30 yrs

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Tailoring

10B. KIND OF BUSINESS OR INDUSTRY

Tailor

6. DATE OF BIRTH

Sept 27 1899

9. AGE (In years last birthday)

54

If Under 1 Year Months: Days

If Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

ITALY

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Joseph Lazzaro

14. MOTHER'S MAIDEN NAME

Madeline

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

215-14-8052

17. INFORMANT

ADDRESS

Angelo Napoli 713 S. Bouldin St

18. 540.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Necrotic Peritonitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Postoperative

(B) Acute Pancreatitis

7 days

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Subtotal Gastrectomy

9 days

19A. DATE OF OPERATION

11/3/53

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

PEPTIC ULCER

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK

NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/3, 1953, to 11/12, 1953, that I last saw the deceased alive on 11/12, 1953, and that death occurred at 2:27 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph F. Palmisano

M. O.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

11/12/53

24A. BURIAL CREMATION REMOVAL (Specify)

Burial

24B. DATE

Nov. 16-53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county) (State)

Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

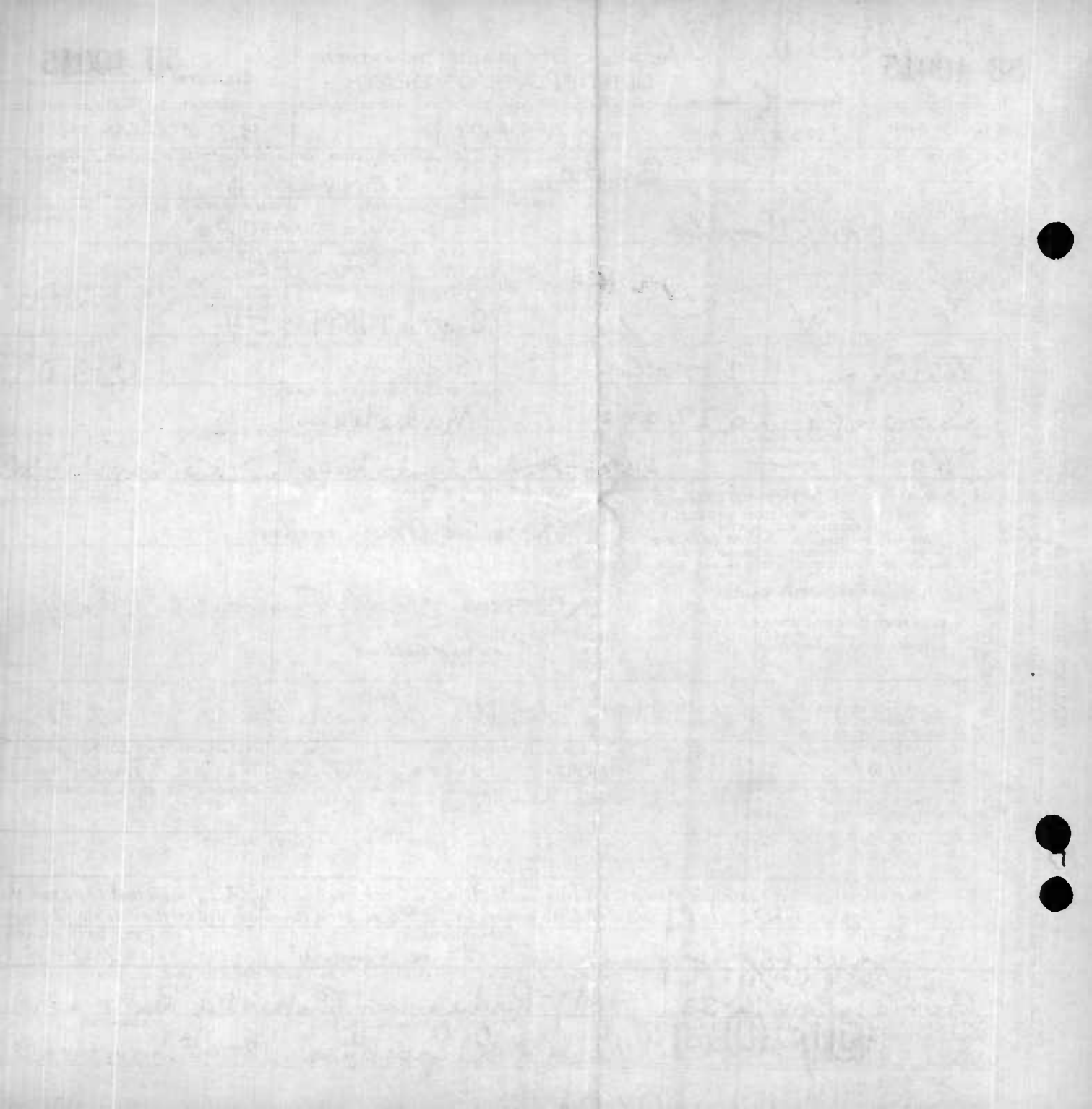
Thurston Williams

25. FUNERAL DIRECTOR

D. D. D. D.

ADDRESS

1800 E. Lombard St.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 10016**

53 10016

BIRTH NO.

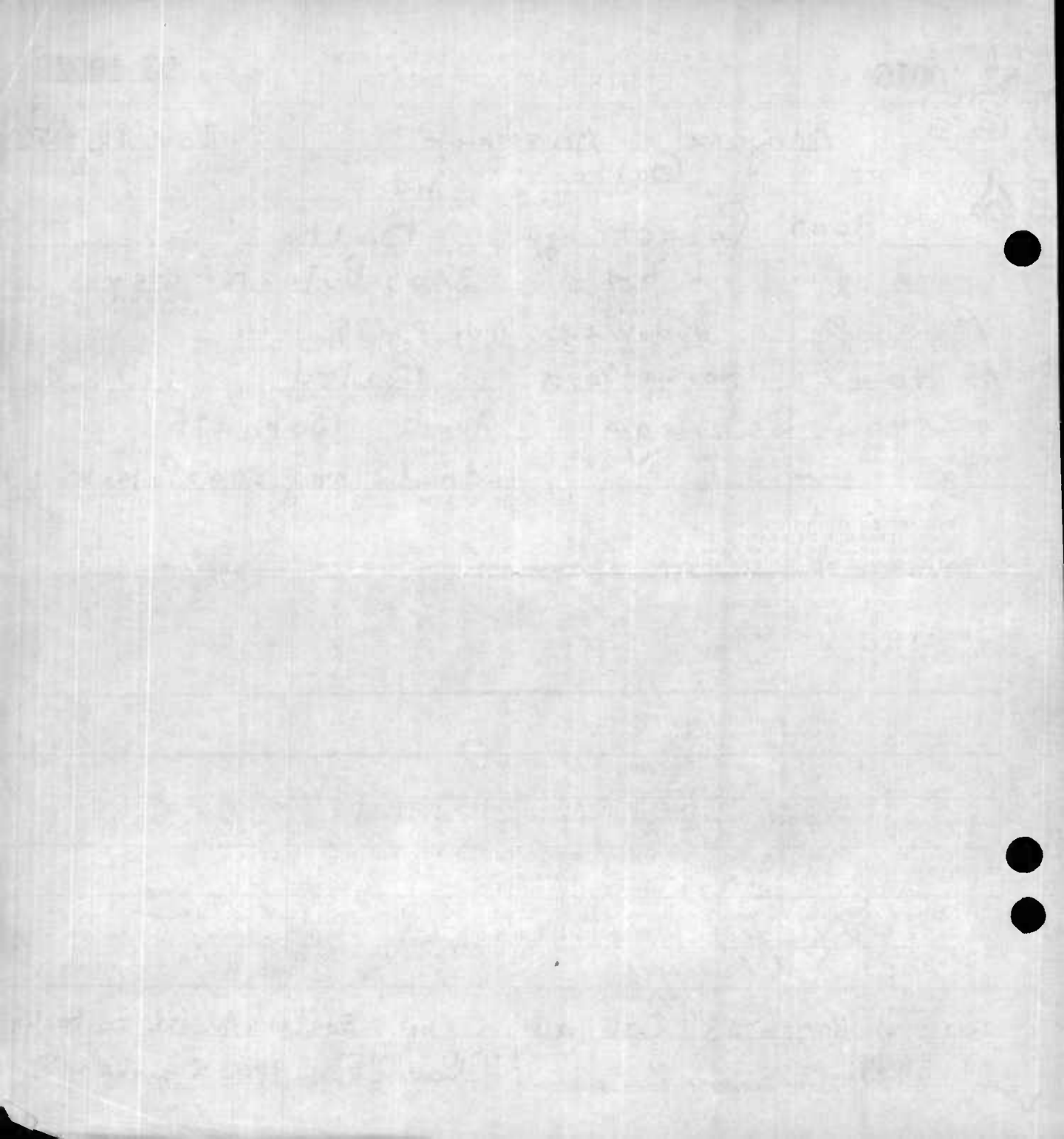
1. NAME OF DECEASED (Type or Print) Margaret Kastner			2. DATE OF DEATH Nov. 12 - 53		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto.			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY 6-01		
B. FULL NAME OF HOSPITAL OR INSTITUTION 3007 Pulaski Hgr			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto		
c. Length of stay in Baltimore 1 1/2 Mos. Days			D. STREET ADDRESS (If rural, give location) 3007 Pulaski Hgr		
5. SEX F.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar 28 1879		9. AGE (In years last birthday) 74
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10B. KIND OF BUSINESS OR INDUSTRY House Work	11. BIRTHPLACE (State or foreign country) Balto		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George Schlegel			14. MOTHER'S MAIDEN NAME Annie Bonnett		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. —	17. INFORMANT ADDRESS Edna A. Stirling 3007 Pulaski Hgr		

18. 490X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Lobar Pneumonia		CAUSE OF DEATH (A) Lobar Pneumonia DUE TO (B) Chronic Cardiac Disease DUE TO (C) Renal Disease	INTERVAL BETWEEN ONSET AND DEATH 3 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION Nov 16 - 53		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 1, 1953 to Nov 12, 1953 , that I last saw the deceased alive on Nov 11, 1953 and that death occurred at 6 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Albert S. Sikorsky		23B. ADDRESS 2939 Mc Elderry St		23C. DATE SIGNED 11/17/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 16 - 53		24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cem.	
24D. LOCATION (City, town, or county) (State) Eastern Ave Rd. Balto. Co.		24E. DATE RECEIVED BY LOCAL REGISTRAR NOV 13 1953		24F. REGISTRAR'S SIGNATURE Huntington Wilson	
24G. FUNERAL DIRECTOR Doyle Bros.		24H. ADDRESS 1800 E. Lombard St			

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 10017****H-200**
10017

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Howke, Elizabeth B.*2. DATE
OF
DEATH*11-11-53*

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

a. STATE

b. COUNTY

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*40 ST Agnes Hospital*

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

d. STREET ADDRESS (If rural, give location)

212 Rosewood Ave.

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months; DaysIf Under 24 Hours
Hours Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

At Home
None

14. MOTHER'S MAIDEN NAME

Jonathan Cogle
*Mary Piper*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

*Miss Wilda Hawke, Catonsville, Md.*18. *331X and 260X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Massive Cerebral Hemorrhage*

DUE TO

ANTECEDENT CAUSES

(B) *Hypertension*

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.*Dubois Mellitus*

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☐21a. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY21e. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *11/6*, 1953, to *11/14*, 1953, that I last saw the
deceased alive on *11/14*, 1953, and that death occurred at *9:45 p. m.*, from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

*Burial**11-14-53**Fairview**Harpers Ferry, W. Va*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*NOV 13 1953**Huntington, West Virginia**F. C. Eginbotham, Ellicott City, Md.*

VS 150

70 Highworth
Edmonton City

MARGIN RESERVED FOR BINDING

53
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-452
10018BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53, 10018

1. NAME OF DECEASED (Type or Print)		Margaret Blank		2. DATE OF DEATH		Nov. 11, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 3703 Sixth St. Baltimore 25, Md.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Life				D. STREET ADDRESS (If rural, give location) 3703 Sixth St.			
5. SEX F	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Dec 9 1888	9. AGE (In years, last birthday) 65	10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME Margin Fowler				14. MOTHER'S MAIDEN NAME Margaret McGonigle			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Francis Blank		ADDRESS	
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH coronary thrombosis DUE TO (A) _____				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) _____ (C) _____							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION O		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct. 1951, to Aug. 1953, that I last saw the deceased alive on Aug. 1953, and that death occurred at 9A m., from the causes and on the date stated above.							
23A. SIGNATURE Eugene Schup				23B. ADDRESS 3904 S. Hanover St.		23C. DATE SIGNED 11-13-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 14, 1953		24C. NAME OF CEMETERY OR CREMATORY New Cathedral		24D. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 13 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		FEE. FUNERAL DIRECTOR Geo. J. Gonca		ADDRESS 4001 Ritchie Hwy	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 10019**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**ROBERT A. BUSHMAN**2. DATE
OF
DEATH**11-12-53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

CITY OR TOWN

MARYLAND BALTIMORE CITYB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION**37 MERCY HOSPITAL**C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)**BALTIMORE, MD**

c. Length of stay in Baltimore

68 yrsYrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1112 ANDOVER RD., #18

5. SEX

M

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**MARRIED**

8. DATE OF BIRTH

11/29/849. AGE (In years
last birthday)**68**If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**CIVIL ENGINEER**10B. KIND OF BUSINESS OR
INDUSTRY**OIL CO.**

11. BIRTHPLACE (State or foreign country)

MARYLAND12. CITIZEN OF
WHAT COUNTRY?**U.S.A.**

13. FATHER'S NAME

JOHN HENRY BUSHMAN

14. MOTHER'S MAIDEN NAME

MARY JOSEPHINE MORBECK15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**NO**16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

SISTER M. HILDA, MERCY HOSP.

18.

153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

HEPATIC COMA**2 WKS.**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

CARCINOMATOSIS**1 MO.**

(C) DUE TO

**CARCINOMA OF SIGMOID
OPERATION COLOSTOMY AND
SIGMOIDECTOMY****10 MO. +**

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2-9-5319B. CONDITION FOR WHICH OPERATION
WAS PERFORMED**CARCINOMA OF SIGMOID**IF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., In or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **11-5-53** to **11-12-1953** that I last saw the
deceased alive on **11-12-1953** and that death occurred at **10:52 a.m.** from the causes and on the date stated above.

23A. SIGNATURE

Charles F. Evans, Jr.

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

11-12-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)**BURIAL**

24B. DATE

11/16/53

24C. NAME OF CEMETERY OR CREMATORY

NEW CATHEDRAL

24D. LOCATION (City, town, or county)

BALTIMORE

(State)

MDDATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

CHARLES F. EVANS & SON

ADDRESS

SECRET

SECRET

[Faint, illegible text covering the majority of the page, likely bleed-through from the reverse side.]



H-146
53 10020BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10020
Registered No.

BIRTH NO.		53 10020	
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
ANNIE Hebler		NOV 12-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 703 W. BARRE ST		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO 21-00	
D. STREET ADDRESS (If rural, give location) 703 W. BARRE ST		Yrs. Mos. Days	
c. Length of stay in Baltimore		8. DATE OF BIRTH	
5. SEX F		6. COLOR OR RACE W	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW		9. AGE (In years last birthday) 83	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HE HOME		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME George F. Peter		14. MOTHER'S MAIDEN NAME KATHERINE LINS.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT KATHERINE WETZEL		ADDRESS 6604 REISTERTON	
18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Cardio Vascular Renal Disease DUE TO (A) (B) (C)		INTERVAL BETWEEN ONSET AND DEATH 5	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21F. TIME (Month) (Day) (Year) (Hour) INJURY			
I hereby certify that I attended the deceased from Nov 8, 1953 to Nov 12, 1953, that I last saw the deceased alive on Nov 10, 1953, and that death occurred at 12309 m., from the causes and on the date stated above.			
23A. SIGNATURE W. R. Johnson		23B. ADDRESS 403 Med Art Bldg	
23C. DATE SIGNED 11-12-53			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 11/14/53	
24C. NAME OF CEMETERY OR CREMATORY LODON PARK CEM		24D. LOCATION (City, town, or county) (State) BALTO MD	
DATE RECEIVED BY LOCAL REGISTRAR NOV 13 1953		REGISTRAR'S SIGNATURE Huntington Williams	
VS 150		25. FUNERAL DIRECTOR Charles A. Evans & Son 118 W. Mt. Royal Ave	

100000

CERTIFICATE OF DEATH

100000



H-626

3 10021

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10021

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

EVA THERESA HARZARIK

2. DATE
OF
DEATH

11-10-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNION MEMORIAL HOSPITAL

5. Length of stay in Baltimore

? Yrs.
Mos.
Days

6. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR
INDUSTRY

9. FATHER'S NAME

HENRY BROWN

5. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

SEPT. 24, 1907

9. AGE (In years
last birthday)

46

11. Under 1 Year
Months: Days: Hours: Min.

11. BIRTHPLACE (State or foreign country)

VIRGINIA

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

JENNIE CURL

17. INFORMANT

ADDRESS

William Harzarik 1307 E. Baltimore Street

18. 241X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Status Asthmaticus

DUE TO

ANTECEDENT CAUSES

(B) Bronchial asthma

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Obesity.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 11-10-53 to 11-10-53, that I last saw the
deceased alive on 11-10-53, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

BURIAL Nov. 14, 1953 Mount Carmel Cemetery Md
Huntington Williams, Md WENDELL J. DIPPEL 312 N. 11

VS 150

18304 22

IN THE CITY OF NEW YORK
IN SENATE
JANUARY 17, 1912

18304



8-650
10022

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10022

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JACOB BROWN

2. DATE OF DEATH Nov. 10, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTY Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Towson

C. Month of stay in Baltimore

D. STREET ADDRESS (If rural, give location)
804 Railway Ave. Towson, Md.

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

Feb. 14, 1906

9. AGE (In years last birthday)

47

10. Under 1 Year Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Contractor

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Geo. P. Brown

14. MOTHER'S MAIDEN NAME

Hattie Quickley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)
Yes, no or unknown

No

16. SOCIAL SECURITY NO.

218 05 508

17. INFORMANT

ADDRESS

Mildred Brown-N. Towson, Md.

18. E983X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral necrosis

----- DUE TO -----

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Bilateral lung abscesses

----- DUE TO -----

(C) -----

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Old subdural hemorrhage

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
sidewalk

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

In front of 400 York Rd.-Towson

21D. TIME (Month) (Day) (Year) (Hour)
INJURY
Oct. 5, 1953

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR? Fell backwards & struck head during altercation

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

Joseph A. Jankowski

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED
Nov. 10, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/15/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Zion

24D. LOCATION (City, town, or county)

Long Green Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

PUNERAL DIRECTOR

Wm. P. Chatham, Jr. 1701 M. & C. Bldg.

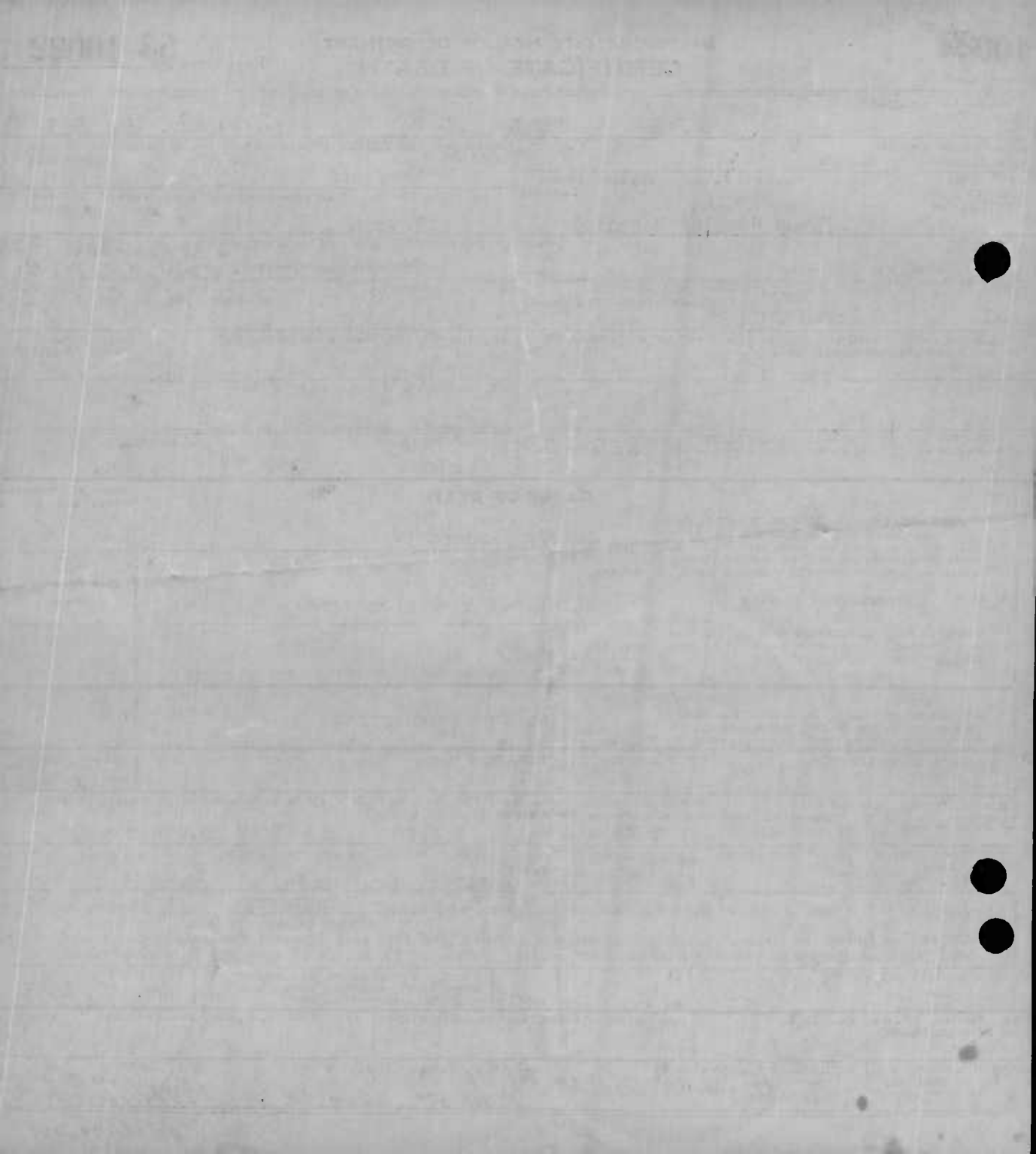
ADDRESS

Balto. Md.

V S 151

N-854.9

97024



620
10023

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10023
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Nathaniel Gross

2. DATE
OF
DEATH

11/11/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF

(If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

5. Length of stay in Baltimore

6. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1953 to Nov 11, 1953, that I last saw the
deceased alive on Nov 10, 1953, and that death occurred at 8:20 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

25. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25B. FUNERAL DIRECTOR

ADDRESS

53

10024

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10024

Registered No.

BIRTH NO. 50-26551

1. NAME OF DECEASED
(Type or Print)

BARBARA L. SISK

2. DATE
OF
DEATH

November 12, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (not in hospital or institution, give street address or
location)

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1645 Freedom Way, North

c. Length of stay in Baltimore

2 Yrs.
11 Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Dec. 2, 1950

9. AGE (In years
last birthday)

2

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Austin E. Sisk

14. MOTHER'S MAIDEN NAME

Majorie Howard

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. Henry F. Ullrich 5508 Lombardy Place

ADDRESS

18. E812.7

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Multiple head injuries

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

1645 Freedom Way, North

26/3

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Nov. 12, 1953

P.m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by bus

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph G. Jackim

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Nov. 13, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/14/53

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

js N 856.2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

15001 52

STANDARD ELECTRIC SERVICE

15001 52



3-352
53 10025BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10025

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ERNEST E. STANIG

2. DATE
OF
DEATH Nov. 12, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

C. Length of stay in Baltimore

68 yrs.

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4835 Belar Road

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

June 24/1876

9. AGE (In years
last birthday)

77

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Carter

10B. KIND OF BUSINESS OR
INDUSTRY

Blackstone Apts

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Frederick Stanig

14. MOTHER'S MAIDEN NAME

Marie Ludnow

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

217-03-9439A

17. INFORMANT

Mrs Rudolph D. Curley

ADDRESS 431

18. 561.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(A) Acute peritonitis
DUE TO Perforation of cecum due to
Intestinal obstruction due to
(B) Right inguinal hernia
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐NOT WHILE ☐

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph A. Jachim

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Nov. 12, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11/16/53

24C. NAME OF CEMETERY OR CREMATORY

St. Matthews

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Philip Herwig Sons

ADDRESS

2024 Orleans St

V S NOV 13 1953

31

10050

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

10050

IN SENATE
JANUARY 1, 1905
REPORT
OF THE
COMMISSIONERS OF THE LAND OFFICE
IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE
MAY 1, 1904
ALBANY: J.B. LIPPINCOTT & CO. PRINTERS
1905

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 10026**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**JOHNSON, CHARLES**2. DATE
OF
DEATH**11/12/53**

3. PLACE OF DEATH:

☒ A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION**University Hosp.
38 Baltimore, Md.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Rock Hall

D. STREET ADDRESS (If rural, give location)

Rural**6400**

c. Length of stay in Baltimore

3 weeks

5. SEX

Male

6. COLOR OR RACE

C7. ☒ SINGLE, ☐ MARRIED,
☐ WIDOWED, ☐ DIVORCED (Specify)

8. DATE OF BIRTH

Feb. 6, 1900

9. AGE (In years last birthday)

5310. Under 1 Year
Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farm Labourer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Kent County, Md.12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Thomas Johnson

14. MOTHER'S MAIDEN NAME

ANella unknown15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**NO****NO**

16. SOCIAL SECURITY NO.

212-18-6872

17. INFORMANT

Hosp. Recd.

ADDRESS

18.

260 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Hypertensive Cardiovascular disease**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) **Diabetes mellitus**
DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., In or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **11/3/1953**, 19**53**, to **11/12**, 19**53**, that I last saw the deceased alive on **11/12**, 19**53**, and that death occurred at **3:00 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE

S. Mason

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)**BURIAL**

24B. DATE

Nov. 15, 1953

24C. NAME OF CEMETERY OR CREMATORY

Broad neck Cem.

24D. LOCATION (City, town, or county)

Kent Co.

(State)

MdDATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

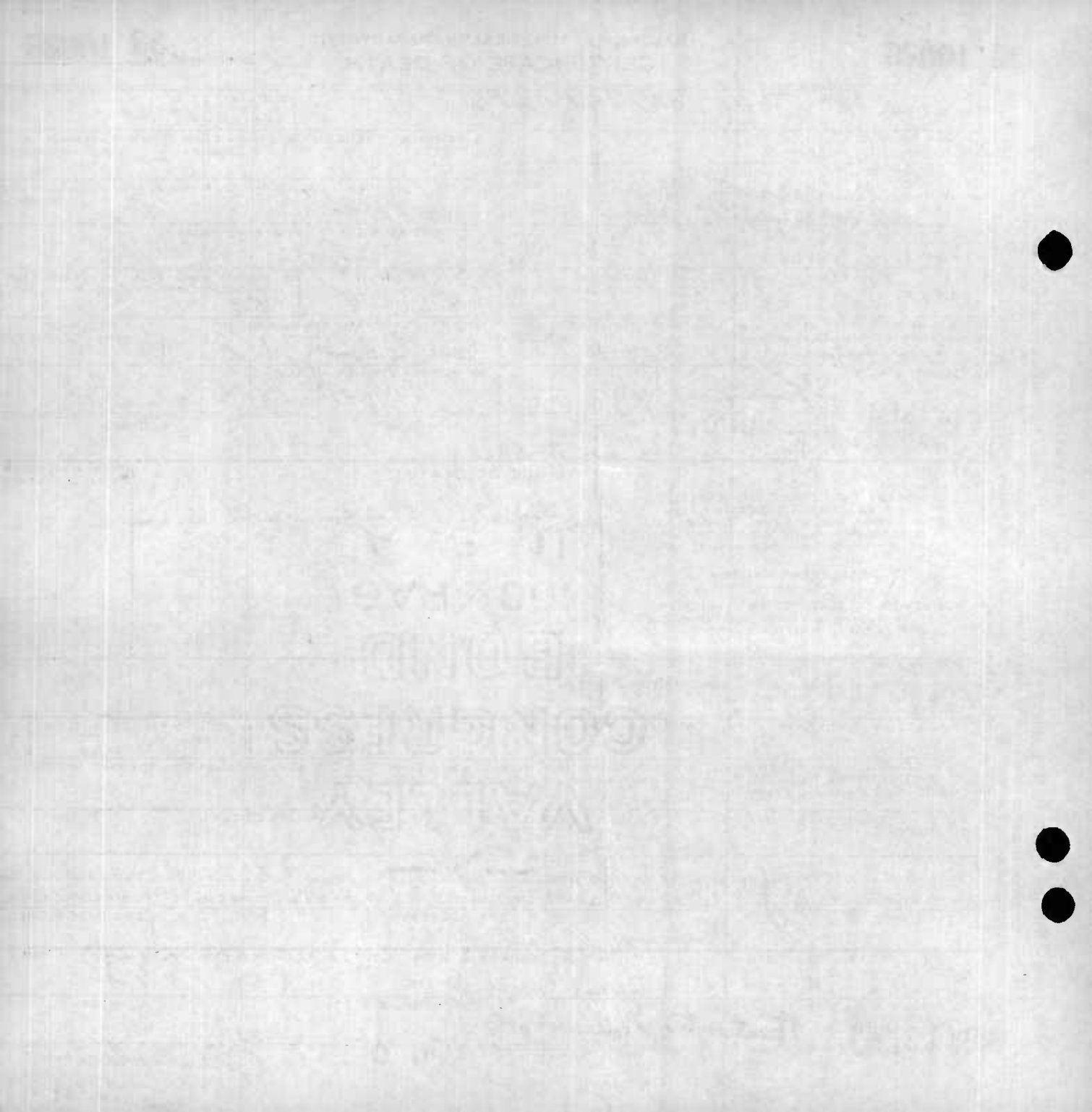
Huntington Williams

25. FUNERAL DIRECTOR

Willis Wells

ADDRESS

Charleston
W.D.NOV 13 1953
VS 150**2010**



53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

L-200

10027

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 53 10027
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>William H. Leak</i>		2. DATE OF DEATH <i>Nov. 10, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Provident Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write full name and give township) <i>Baltimore</i>			
C. Length of stay in Baltimore <i>11 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>523 N. Stricker St.</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Caucas</i>	7. SINGLE/MARRIED, WIDOWED/DIVORCED (Specify) <i>Widower</i>	8. DATE OF BIRTH <i>Aug. 29, 1878</i>	9. AGE (In years last birthday) <i>75</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Transfer Co.</i>		11. BIRTHPLACE (State or foreign country) <i>Rockingham, N.C.</i>	
13. FATHER'S NAME <i>Agram Leak</i>		14. MOTHER'S MAIDEN NAME <i>Wiley</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <i>242-09-1985</i>		17. INFORMANT'S NAME AND ADDRESS <i>Mr. Irving Leak, No. 421 E. Egleston St.</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) <i>42.2.1</i>		CAUSE OF DEATH <i>Cerebral hemorrhage 3 days</i> <i>cardio-vascular disease 2 yrs</i>			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO (B) DUE TO (C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19. OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Dec 15, 1953</i> to <i>Nov 10, 1953</i> and that death occurred at <i>12 A.M.</i> from the causes and on the date stated above.					
23A. SIGNATURE <i>H. W. Williams</i>		23B. ADDRESS <i>515 1/2 G. Dayton</i>		23C. DATE SIGNED <i>11/13/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Nov. 13, 1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Hillem Cem.</i>	
24D. LOCATION (City, town, or county) <i>Sacramento, N.C.</i>		25. FUNERAL DIRECTOR'S NAME AND ADDRESS <i>Huntington Williams, M.D. 1651 David Hill Ave.</i>			

USDA 20

USDA 20

USDA 20

K-636

10028

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10028

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		CHARLES A. KRIDER		November 12, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION		A. STATE			
Union Memorial Hospital		Maryland			
C. Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
Yrs. Mos. Days		Baltimore			
		D. STREET ADDRESS (If rural, give location)			
		4201 Elsa Terrace			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months Days
Male	White	married	Mar. 28, 1903	50	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
steamfitter		?	Maryland		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Henry J. Krider			Anna Kriele		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		
no			Mrs. Charles A. Krider-4201 Elsa Terr.		

18. <i>E976x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) Gunshot wound of head DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO		
(C)				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 4201 Elsa Terrace
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Nov. 12, 1953 3:00 P. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Shot self in head
22. I certify that I took charge of the remains described above, held an <u>Inspection & Inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE <i>William V. Smith</i>		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Nov. 13, 1953
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)	
Burial	11/16/53	Baltimore Cem.	Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR		ADDRESS
NOV 13 1953	<i>Huntington Williams, Jr.</i>	<i>Wm. J. Vickers & Sons</i>		<i>Balto. 17, Md.</i>
VS 151	js N803.4	57424		

53

10029

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10029

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CAROLINE L. HARTMAN

2. DATE OF DEATH
Nov. 12, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE B. COUNTY

Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

105 N. Montford Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Mar. 7, 1901

9. AGE (In years last birthday)

52

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James Lahey

14. MOTHER'S MAIDEN NAME

Matilda Walters

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
no17. INFORMANT ADDRESS
Mrs. Dorothy Benton-105 N. Montford Ave.

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Essential Hypertension

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1951, to Sept 29, 1953, that I last saw the deceased alive on Sept 29, 1953, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Leonard Brill
Emergency Medical Examiner - Dr. Crimley

M. D.

23B. ADDRESS

1221 N. Luzerne Ave.

23C. DATE SIGNED

Nov 13, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/16/53

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county) (State)

Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

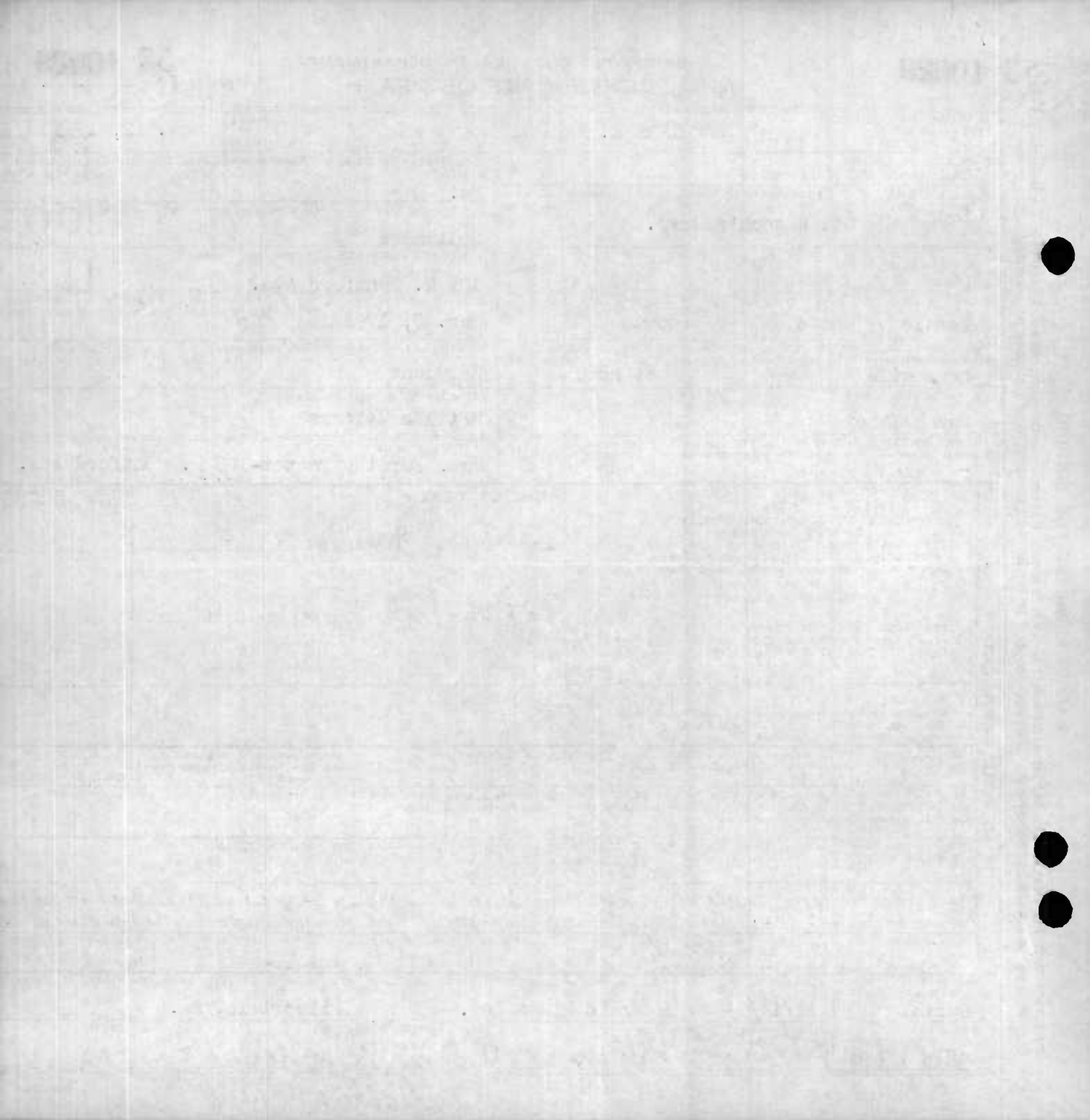
ADDRESS

NOV 13 1953

Huntington Williams, M.D.

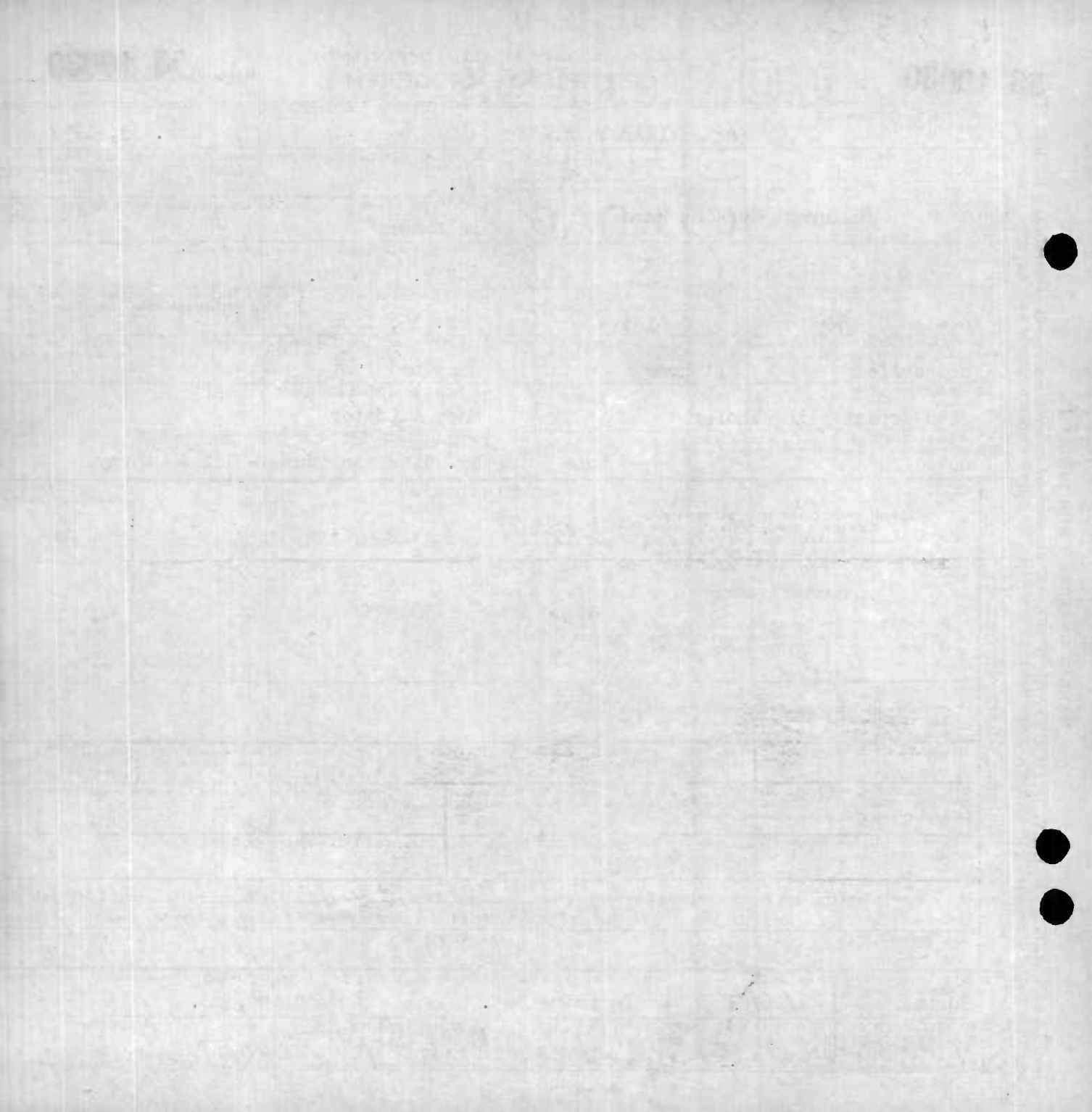
25. FUNERAL DIRECTOR

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 10030****A 352**
10030
BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARY ELIZABETH ADAMS			2. DATE OF DEATH Nov. 13, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Hillcrest Nursing Home			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 609 W. 40th St.		
5. SEX female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 15, 1864	9. AGE (In years last birthday) 89	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Ernest Klingelhofer			14. MOTHER'S MAIDEN NAME Mary Altdater		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT ADDRESS Mr. Clarence Adams - 312 Southway		
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Vascular Accident DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arterio sclerosis DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH immediate ? yrs		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/13/52 , 19__, to 11/13/53 , 19__, that I last saw the deceased alive on 11/13/53 , 19__, and that death occurred at 1:30 a. m. , from the causes and on the date stated above.					
23A. SIGNATURE Francis W. Elmer		23B. ADDRESS 100 W University Pkwy		23C. DATE SIGNED 11/13/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/16/53		24C. NAME OF CEMETERY OR CREMATORY Lorraine Cem.	
24D. LOCATION (City, town, or county) (State) Woodlawn, Md.					
DATE RECEIVED BY LOCAL REGISTRAR NOV 13 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR J. Dickener & Sons Balto. 17, Md.	



V-623
53 10031BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10031

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LORETTA VORSTEG (Loretta M. Vorsteg)

2. DATE
OF
DEATH

11/13/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

MERCY Hospital

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SALESLADY

10B. KIND OF BUSINESS OR INDUSTRY

Department Store

13. FATHER'S NAME

JOSEPH MCENTEE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.
218-03-0967

17. INFORMANT

Mr. J. Vincent Vorsteg-616 Parkwirth Ave.

ADDRESS

18.

416X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Pulmonary Congestion

Rheumatic Heart Disease

Operation

INTERVAL BETWEEN ONSET AND DEATH

5 hours

2.5 yrs.

6 hours

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11/12/53

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

PERIPHERAL EMBOLISM

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/12/53, 19__, to 11/13/53, 19__, that I last saw the deceased alive on 11/12/53, 19__, and that death occurred at 5:55 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Carter

M. D.

23B. ADDRESS

Therapy Hosp.

23C. DATE SIGNED

11/13/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11-16-1953

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county) (State)

Edmondson Ave. Balto: Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

George J. Rath, Inc.-1735 Harford Avenue

ADDRESS

NOV 13 1953

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53 10032

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10032
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH			
			FRANKLIN MARSHALL			November 12, 1953			
3. PLACE OF DEATH: A. Baltimore City, Maryland						4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital						A. STATE Maryland			
C. Length of stay in Baltimore 3 Yrs. Mos. Days						B. COUNTY			
						C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
						D. STREET ADDRESS (If rural, give location) 111 E. Lafayette Avenue			
5. SEX Male		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) ?		8. DATE OF BIRTH Nov. 6th, 1913		9. AGE (In years last birthday) 40	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher				10B. KIND OF BUSINESS OR INDUSTRY Grocery Stores				11. BIRTHPLACE (State or foreign country) Talbot Co. Md.	
13. FATHER'S NAME J. Frank Marshall						12. CITIZEN OF WHAT COUNTRY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no or unknown) Yes						16. SOCIAL SECURITY NO. WW 2			
						14. MOTHER'S MAIDEN NAME Lillie Marsh			
						17. INFORMANT Hospital Record			
						ADDRESS			

18. E916.0 and 322.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute alcoholism ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Carbon monoxide poisoning OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 0						19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 111 E. Lafayette Avenue		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Nov. 12, 1953 7:00 P.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21F. HOW DID INJURY OCCUR? Mattress caught on fire apparently from a cigarette									
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .									
23A. SIGNATURE William H. Smith						23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Nov. 13, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/16/53		24C. NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery		24D. LOCATION (City, town, or county) (State) Easton, Md.			
DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR R. Ellis Clark		ADDRESS Easton, Md.			

Julia

March

Birds.

Brown Pewee

1201 2 Pictou

S-530

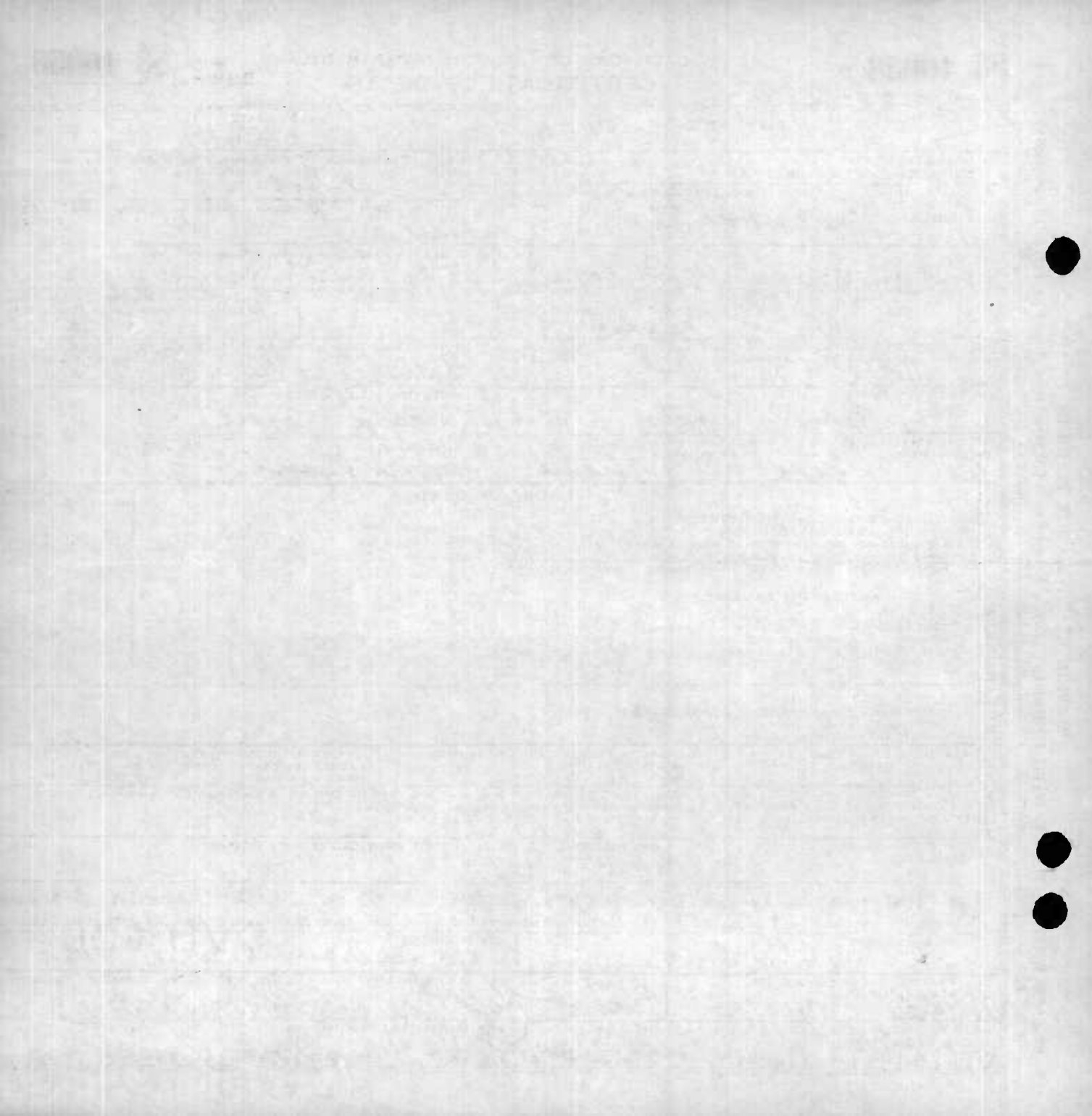
53 10033

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10033

BIRTH NO. 53-28113

1. NAME OF DECEASED (Type or Print) BABY BOY SMITH		2. DATE OF DEATH 11/12/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland Mercy Hospital		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 5 hrs. 50 min		D. STREET ADDRESS (If rural, give location) 523 Allegheny Ave, Towson 4	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Newborn	8. DATE OF BIRTH 11/12/53
9. AGE (In years last birthday) 5		10. AGE (In years last birthday) 5	
10A. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired) Cube		10B. KIND OF BUSINESS OR INDUSTRY —	
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Francis Smith		14. MOTHER'S MAIDEN NAME Virginia Raphael	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Family Records		ADDRESS	
18. 776 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity (6 mos)		INTERVAL BETWEEN ONSET AND DEATH 5 hrs. 50 min	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/12 , 1953, to 11/12 , 1953, that I last saw the deceased alive on 11/12 , 1953, and that death occurred at 10:25 pm. , from the causes and on the date stated above.			
23A. SIGNATURE Ursula M. Santamaria M.D.		23B. ADDRESS Mercy Hospital, Balt.	
23C. DATE SIGNED 11/12/53		24. LOCATION (City, town, or county) (State) Towson, Md.	
24A. BURIAL, CREMATION, REMOVAL (Specify) Buried		24B. DATE 11/14/53	
24C. NAME OF CEMETERY OR CREMATORY Prospect Hill Cem.		24D. LOCATION (City, town, or county) (State) Towson, Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1953		REGISTRAR'S SIGNATURE Huntington Williams	
F. FUNERAL DIRECTOR John Bence's Sons		ADDRESS Towson, Md.	



J-650
3 10034

CERTIFICATE CORRECTED 11-23-53

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10034

NAME OF DECEASED (Type or Print) <i>Myrtle Ruth Green</i>		2. DATE OF DEATH <i>Nov. 12, 1953</i>	
PLACE OF DEATH: <i>Baltimore City, Maryland Maryland</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Maryland general hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>404 Greenwood Rd. # 8</i>	
SEX <i>F</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>July 30, 1892</i>
A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <i>61 yrs.</i>
FATHER'S NAME <i>George M. Lafferty</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
C. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Angonetta Pitzer</i>	
		17. INFORMANT <i>Charles Green</i>	
		ADDRESS <i>404 Greenwood Rd. # 8</i>	

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Occlusion</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Atherosclerotic cardio-vascular disease</i>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *Nov. 11*, 1953, to *Nov. 12*, 1953, that I last saw the deceased alive on *Nov. 12*, 1953, and that death occurred at *7:30 A. M.*, from the causes and on the date stated above.

23A. SIGNATURE
Valeriana B. Castillo

23B. ADDRESS
Maryland general hospital

23C. DATE SIGNED
Nov. 12, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Nov. 16/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Druid Ridge</i>		24D. LOCATION (City, town, or county) (State) <i>Pikesville, Maryland</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 14 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Walter Byers</i>		ADDRESS <i>5005 N. Light St. Balt. Md.</i>	

W-532

3 10035

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10035

1. NAME OF DECEASED
(Type or Print)

Carrie E. Wantz

2. DATE
OF
DEATH

Nov 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

2601 Manhattan Ave

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Maryland Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

2601 Manhattan Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-19

D. STREET ADDRESS (If rural, give location)

2601 Manhattan Ave

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F. W.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

8. DATE OF BIRTH

Dec 2, 1867

9. AGE (In years last birthday)

85

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Isaac Ford

14. MOTHER'S MAIDEN NAME

Sarah Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Thrombosis

6 days.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Cerebral Hemorrhage

3 days.

(C)

Hypertensive Heart Disease

15 yrs.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from 11/18, 1950, to 11/10, 1953, that I last saw the deceased alive on 11/9, 1953, and that death occurred at 4:20 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Paul L. Chambers

M. D.

23B. ADDRESS

4108 Liberty HTS.

23C. DATE SIGNED

11/11/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov 13, 53

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

NOV 14 1953

REGISTRAR'S SIGNATURE

Huntington Williams

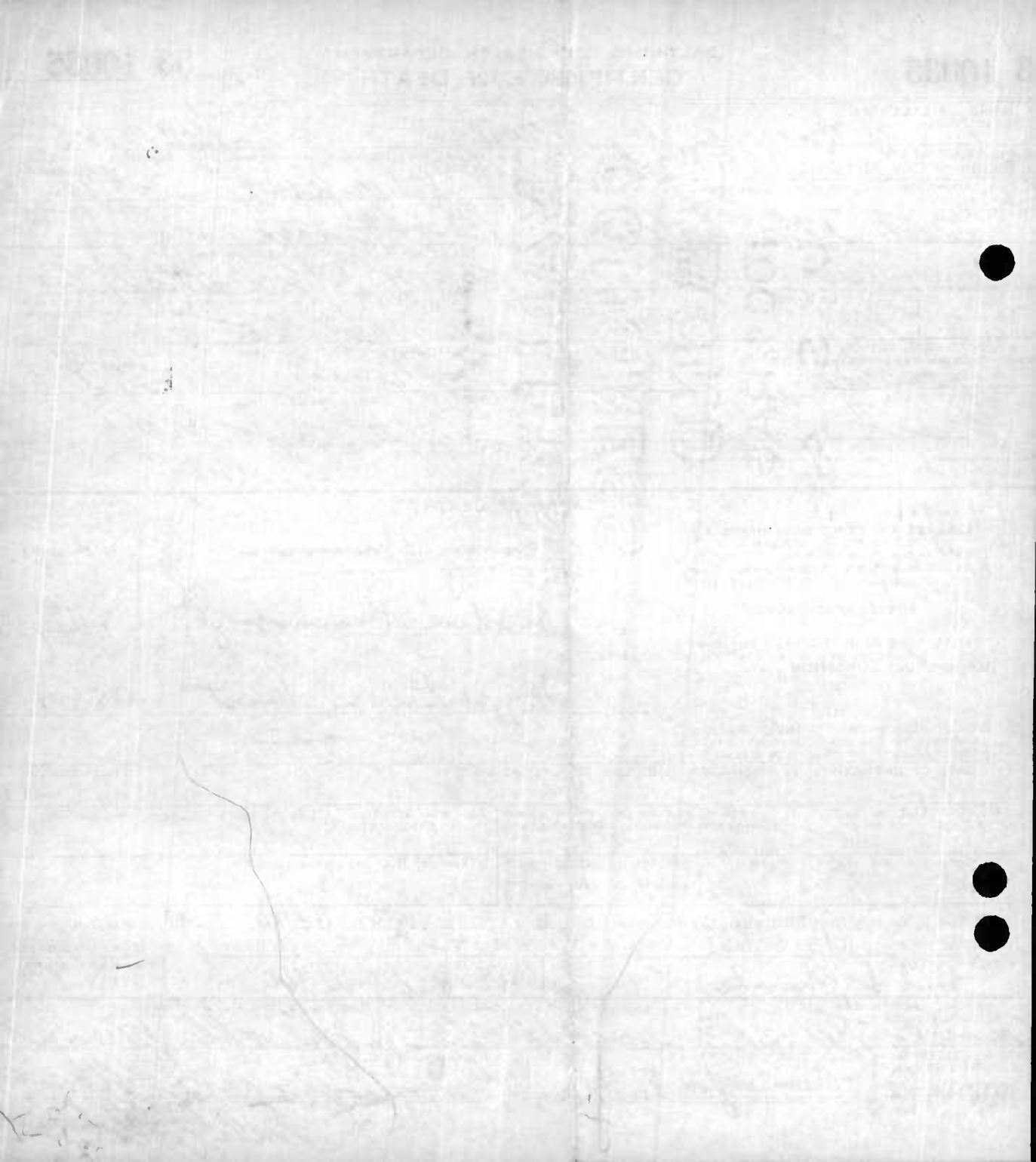
25. FUNERAL DIRECTOR

Wesley B. Bynum

ADDRESS

5005 E. Key St.

Baltimore, Md.



53

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-522

10036

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 10036

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Alessandra or ALICE MANCUSO			2. DATE OF DEATH 11-12-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY HERRING COURT #31		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 43 SOUTH BALTIMORE GENERAL HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE MARYLAND		
C. Length of stay in Baltimore 41 Yrs			D. STREET ADDRESS (If rural, give location) 260 Herring Ct. 3-01		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH June 10 1892	9. AGE (in years last birthday) 61	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY Home		
13. FATHER'S NAME Lodovico Martellucci			12. CITIZEN OF WHAT COUNTRY? U.S.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS		

18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) ENCEPHALOPATHY				DUE TO			
ANTECEDENT CAUSES				(B) HYPERTENSIVE CARDIOVASCULAR DISEASE			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				DUE TO		(C) GENERALIZED ARTERIOSCLEROSIS	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from NOV. 8 , 19 53 , to NOV. 12 , 19 53 , that I last saw the deceased alive on NOV. 12 , 19 53 , and that death occurred at 5:25 p.m., from the causes and on the date stated above.							
23A. SIGNATURE Carlo DeBenedictis				23B. ADDRESS 1213 Light St.		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 16 1953		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery		24D. LOCATION (City, town, or county) (State) 4430 Belair Rd	
DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1953		REGISTRAR'S SIGNATURE Huntington Williams		FURNERAL DIRECTOR Charles Della Voce		ADDRESS 22 S. High St	

ALBANY, N.Y.
JAN. 10, 1908

My dear Sir,
I have the honor to acknowledge the receipt of your letter of the 7th inst.

and in reply to inform you that the same has been forwarded to the proper authorities.

I am, Sir, very respectfully,
Yours truly,

John

Honorable

Secretary of the Board

Albany

Very respectfully,
John

Honorable

Secretary of the Board

Albany, N.Y.

ALBANY, N.Y.
JAN. 10, 1908

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Albany

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John

Honorable

Secretary of the Board

Albany, N.Y.

7-132
10037

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10037

IRTH NO.

NAME OF DECEASED
(Type or Print)

JENNIE I. OPITZ
Jenny Opitz

2. DATE
OF
DEATH

Nov. 12, 1953

PLACE OF DEATH:
Baltimore City, Maryland

FULL NAME OF
HOSPITAL OR
INSTITUTION

Lutheran Hospital of Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE
Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2912 Northern Parkway #14

Length of stay in Baltimore

SEX
Female

6. COLOR OR RACE
White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Divorced

8. DATE OF BIRTH

March 1, 1902

9. AGE (In years
last birthday)

51

10. Under 24 Hours
Months: Days: Hours: Min.

11. USUAL OCCUPATION (Give most of
life during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR
INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

FATHER'S NAME

Philip Fischer

14. MOTHER'S MAIDEN NAME

Mary Arnold

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.
None

17. INFORMANT

Armond Opitz 2912 Northern
Parkway #14

18. 170X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Uremia
DUE TO chronic glomerulonephri-
tis

ANTECEDENT CAUSES

(B) Carcinoma of Breast
DUE TO

2 1/2 years

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?
(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 31, 1953, to Nov. 12, 1953 that I last saw the
deceased alive on Nov. 12, 1953 and that death occurred at 9:54 a.m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

Burial

Nov. 14, 53

Parkwood Cemetery

Baltimore Maryland

TESTED BY
CAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 14 1953

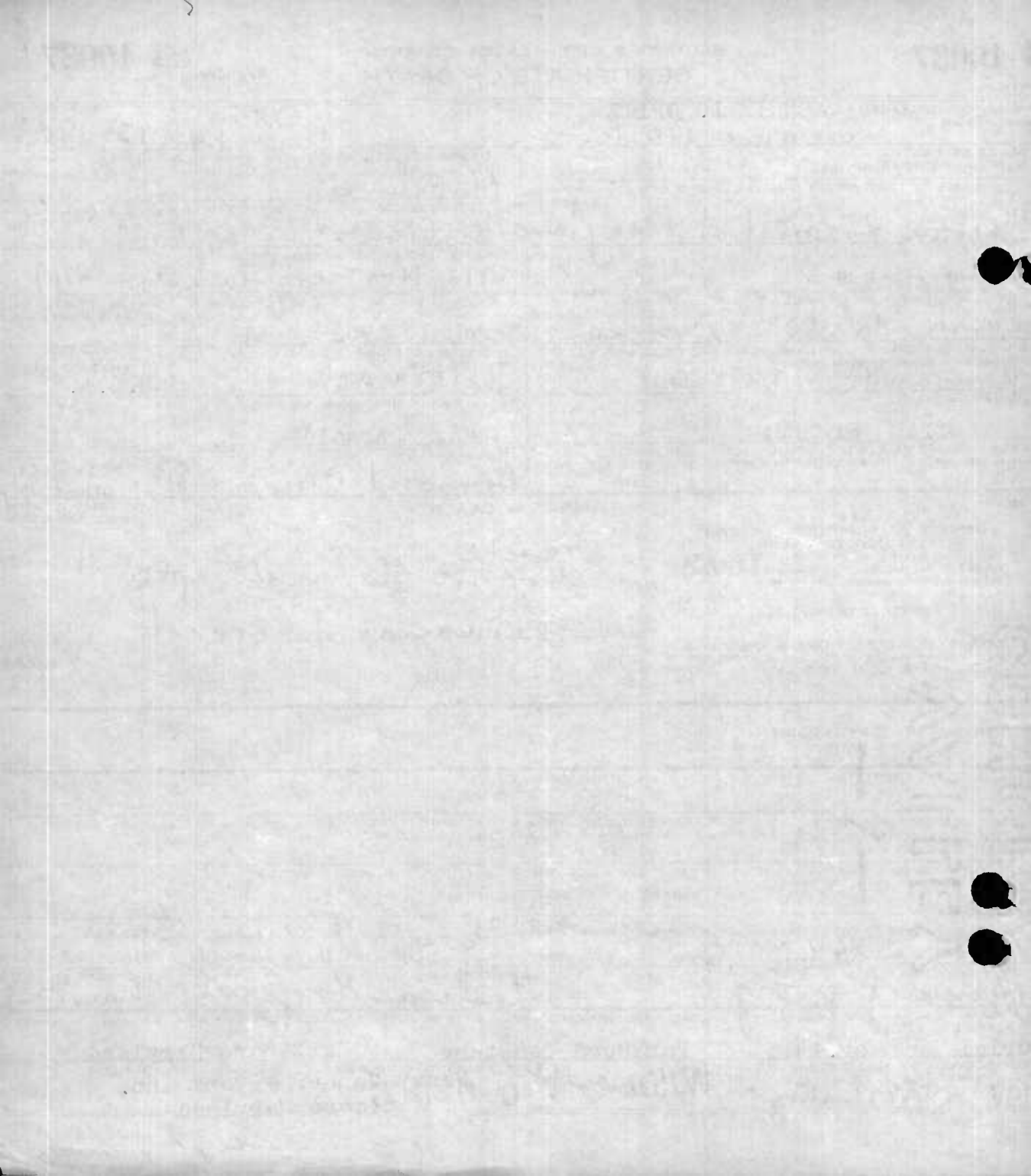
Huntington 5 Williams, Md.

0

Henry Sander & Sons Inc.

Baltimore Maryland

Ben F. Sander



W-420
53 10038BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10038
Registered No. _____

BIRTH NO.			
1. NAME OF DECEASED (Type or Print) AMELIA WILLIG			2. DATE OF DEATH Nov. 12. 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3701 Ednor Road.		C. CITY OR TOWN (If outside corporate limits, write R.R. and give township) Baltimore 618	
c. Length of stay in Baltimore 69 years		D. STREET ADDRESS (If rural, give location) 4514 Mannasota Ave.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 4. 1879
9. AGE (In years last birthday) 74		10. UNDER 1 Year Months: Days: Hours: Min.	11. BIRTHPLACE (State or foreign country) Germany
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME William Nordhoff		14. MOTHER'S MAIDEN NAME Not Known	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Mr. William Willig		ADDRESS 3701 Ednor Road.	
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary thrombosis DUE TO			INTERVAL BETWEEN ONSET AND DEATH 2 days
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive arterio-sclerotic heart disease DUE TO			year
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10 Oct 1953 , to 12 Nov 1953 , that I last saw the deceased alive on 10 Nov 1953 , and that death occurred at 8 A m., from the causes and on the date stated above.			
23A. SIGNATURE John W. Barnaby		23B. ADDRESS 15312 North Ave	
23C. DATE SIGNED 13 Nov 53		23D. NAME OF CEMETERY OR CREMATORY Lorraine Park Cemetery Baltimore Md.	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 7. 1953	
24C. NAME OF CEMETERY OR CREMATORY Lorraine Park Cemetery Baltimore Md.		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Benny Sander & Sons, Inc.		ADDRESS Baltimore Md.	

08 1903

08 1903



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 10039

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LOUIS C. SANDERS

2. DATE
OF
DEATH

Nov. 12. 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION 1551 Montpelier StreetC. CITY OR TOWN (If outside corporate limits, write RURAL, and give
Baltimore 18 township)

D. STREET ADDRESS (If rural, give location)

1551 Montpelier St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

B. DATE OF BIRTH

Mar. 4. 1891

9. AGE (In years
last birthday)

62

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Retired10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?
USA

13. FATHER'S NAME

Sanders

14. MOTHER'S MAIDEN NAME

Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
Yes World War I16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Mrs. Lillian W. Sanders (wife)
1551 Montpelier St.

18. 331 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Cerebral hemorrhage
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arteriosclerosis
DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1948, to Nov 12, 1953, that I last saw the
deceased alive on Sept 10, 1953, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Theodore J. Graziano

M. D.

23B. ADDRESS

1802 Harford Rd/18

23C. DATE SIGNED

11/13/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 16. 1953

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.
Baltimore Md.

ADDRESS

10001

10001



K-630

53 10040

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10040

Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) ANNIE E. KORTE			2. DATE OF DEATH Nov. 13, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			5. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2117 Sinclair Lane			D. STREET ADDRESS (If rural, give location) 2117 Sinclair Lane			C. Length of stay in Baltimore Yrs. Mos. Days		
6. SEX Female	7. COLOR OR RACE White	8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	9. DATE OF BIRTH Jan. 5, 1874		10. AGE (In years last birthday) 79	11. Under 1 Year Months Days		12. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY at Home			11. BIRTHPLACE (State or foreign country) Howard County		
13. FATHER'S NAME Frederick Korte			14. MOTHER'S MAIDEN NAME Louise Weigant			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. 212-18-4387B			17. INFORMANT Mrs. Charolette Franz 2117 Sinclair Lane		
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Hypertensive Cardio Vascular Disease DUE TO Anterior Sclerosis INTERVAL BETWEEN ONSET AND DEATH 1 year 5 yrs			19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 0			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Oct 8 - , 1953, to Nov 12 - , 1953, that I last saw the deceased alive on Nov 12, 1953, and that death occurred at 2 A. m., from the causes and on the date stated above.								
23A. SIGNATURE E. Gull Hall MD			23B. ADDRESS 1631 E North Ave			23C. DATE SIGNED Nov 13-53		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE Nov. 16, 1953			24C. NAME OF CEMETERY OR CREMATORY St. John Lutheran Cem.		
24D. LOCATION (City, town, or county) (State) Howard County, Maryland			25. FUNERAL DIRECTOR H. SANDER & SONS, INC. Baltimore, Maryland			DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1953		

George Sander

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53 10041

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10041

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		LULA EVERETT POWELL		Nov. 13, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION		A. STATE		B. COUNTY	
(If not in hospital or institution, give street address or location)		Maryland			
1530 Ralworth Road		C. CITY OR TOWN		(If outside corporate limits, write RURAL and give township)	
		Baltimore			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
Life		1530 Ralworth Road			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday)	If Under 1 Year Months Days
Female	White	Widowed	May 21, 1879	74	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Housewife		at Home		Baltimore, Md.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
William Lilly		Rebecca LeBrun		U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT	
No		None		Mrs. Evelyn Keller 1530 Ralworth Road	
18. 420.0 CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				2 1/2 hours	
(A) Acute Pulmonary Edema					
DUE TO					
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
(B) Hypertensive and Arteriosclerotic Heart Disease - unknown					
DUE TO					
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
none					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
None					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from Oct 11 1950, to Nov 13 1953, that I last saw the deceased alive on Nov 13 1953, and that death occurred at 12:30 A.M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Richard D. Hahn		1823 Park Avenue (17)		Nov 13-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		Nov. 16, 1953		Oaklawn Cemetery	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24D. LOCATION (City, town, or county) (State)	
NOV 14 1953		Huntington Williams, M.D.		Baltimore, Maryland	
VS 150		24E. FUNERAL DIRECTOR ADDRESS			
		H. SANDER & SONS, INC.			
		Baltimore, Maryland			
		George Sander			

REF 67

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10042

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Arthur Jones

2. DATE
OF
DEATH

Nov. 11, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

201 N. Monroe St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

201 N. Monroe St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 2, 1887

9. AGE (In years
last birthday)

66

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Labor

10B. KIND OF BUSINESS OR
INDUSTRYGeneral
Recking Co.

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Rufus Jones

14. MOTHER'S MAIDEN NAME

Cora Adams

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

Adele Jones

ADDRESS

201 N. Monroe St.

18.

442X

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO
Cerebral Hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
Myocardial Infarction(C) DUE TO
Vascular Renal DiseaseINTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1953, to Nov 11, 1953 that I last saw the
deceased alive on Nov 11, 1953, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. O. 805 m. Threlkeld

23B. ADDRESS

805 m. Threlkeld

23C. DATE SIGNED

11-15-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/14/1953

24C. NAME OF CEMETERY OR CREMATORY

Mt. St. Auburn

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

A. Halstead 918 Druid Hill Ave.

ADDRESS

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SHR 20

3

W-643
53 10043BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10043
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary World

2. DATE
OF
DEATH

Nov. 11, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

572 St. Mary's St.

C. CITY OR TOWN (If outside corporate limits, write R.R. and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

572 St. Mary's St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

col

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

March 3, 1886

9. AGE (In years
last birthday)

67

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.12. CITIZEN OF
WHAT COUNTRY?

North Carolina

11. BIRTHPLACE (State or foreign country)

Maggie Maybust

14. MOTHER'S MAIDEN NAME

Mary Wyatt 572 St. Mary's

17. INFORMANT ADDRESS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

5 days

ANTECEDENT CAUSES

(B) Hypertension

DUE TO

3-4 years

(C)

OTHER SIGNIFICANT CONITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

Varicose veins and ulcers

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 21, 1953, to Nov 11, 1953, that I last saw the
deceased alive on Jan 10, 1953, and that death occurred at 12 noon, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)
(State)

25. FUNERAL DIRECTOR

ADDRESS

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

NOV 14 1953

Huntington Williams, M.D.

A. Walstead 918 Schmitz Ave

100-1

100-1

DO NOT WRITE IN THESE SPACES

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10044

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bryce W. Quick

2. DATE
OF
DEATH

11/13/53 2:30 P.M.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

819 N. Eutaw St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto 11-03

D. STREET ADDRESS (If rural, give location)

819 N. Eutaw St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

2/13/1887

9. AGE (In years last birthday)

66

If Under 1 Year Months: Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Druggist

11. BIRTHPLACE (State or foreign country)

Providence R.I.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Quick

14. MOTHER'S MAIDEN NAME

Mary (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mary E. Quick 819 N. Eutaw St

18.

260X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Coronary Thrombosis

DUE TO

Chr. myocarditis

(B)

DUE TO

Diabetes Mellitus

(C)

INTERVAL BETWEEN ONSET AND DEATH

1 hour

6 mos.

5 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK

NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

Louis E. Vice

M. D.

23B. ADDRESS

920 St. Paul St.

23C. DATE SIGNED

11/14/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/16/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 14 1953

Huntington Halliwell, M.D.

1000 Brook Ave. 1217 St. Paul St.

53 10045

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10045

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Nettie M. Robinson

2. DATE
OF
DEATH

11/12/53 5:30 P.M.

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)

1802 Eutaw Place

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

b. COUNTY

Md.

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto.

d. STREET ADDRESS (If rural, give location)

6 N. Calhoun St.

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED, (Specify)

Widowed

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Own House

13. FATHER'S NAME

Robert Denton

8. DATE OF BIRTH

10/7/1880

9. AGE (in years last birthday)

73

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Calvert Co. Md.

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Roland H. Robinson 2504 W. Pratt St.

18.

161X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CAUSE OF DEATH

Ca. Larynx

INTERVAL BETWEEN ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hypertension

19a. DATE OF OPERATION

0

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Dec 29, 1948, to Nov 13, 1953, that I last saw the deceased alive on Nov 12, 1953 and that death occurred at 5 P. M., from the causes and on the date stated above.

23a. SIGNATURE

Gutten Desinich

M. D.

23b. ADDRESS

1429 W. Fayette St.

23c. DATE SIGNED

11/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

11/16/53

24c. NAME OF CEMETERY OR CREMATORY

Cathedral

24d. LOCATION (City, town, or county)

Balto. Md.

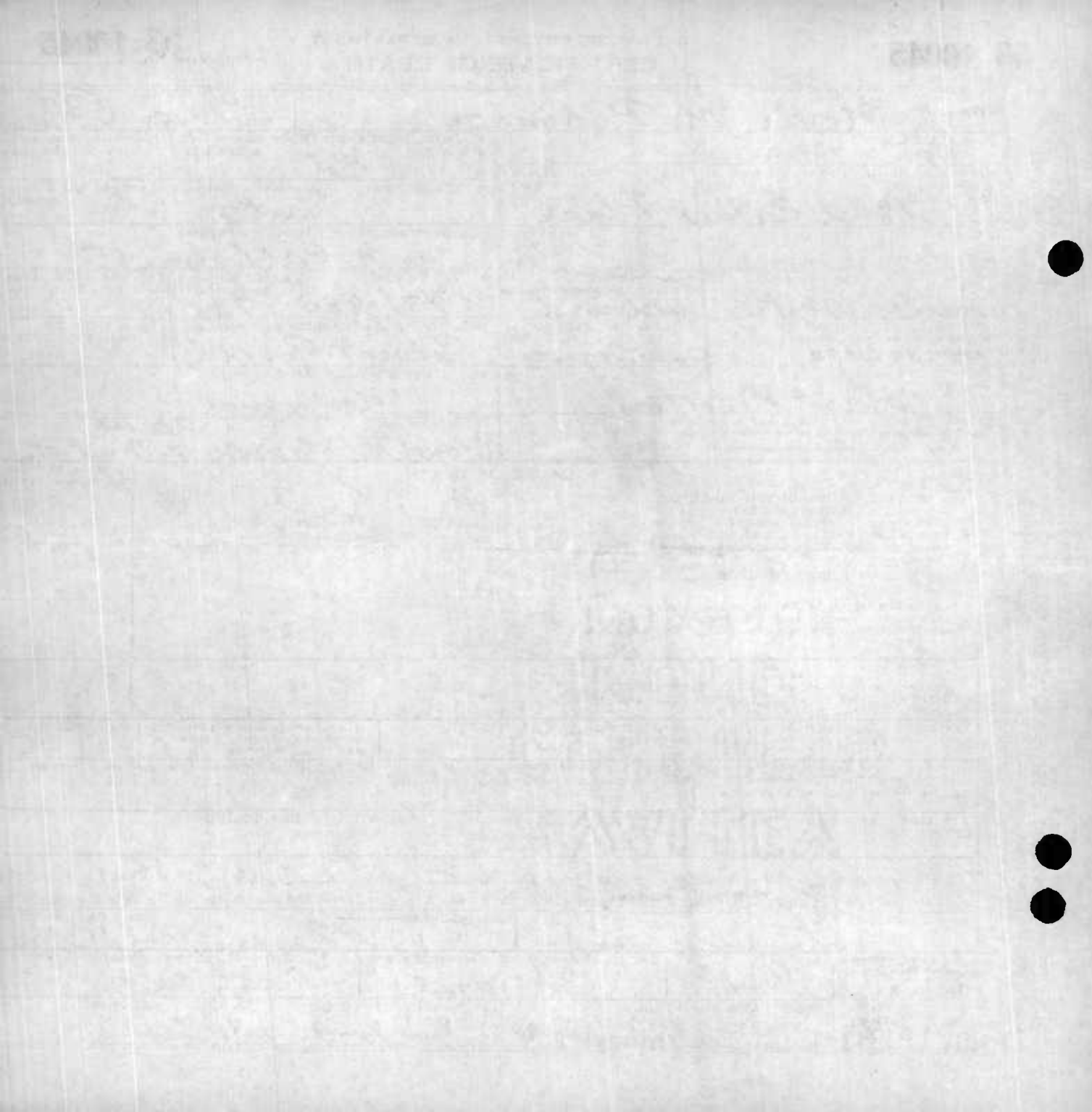
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 14 1953 Huntington Williams, M.D. 1024 B. St. Paul St.



FJ 8 3153 455

CERTIFICATE ATTENDED 4/5/54 ES
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10046
Registered No. 53 10046

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Samuel Coleman

2. DATE
OF DEATH 11-12-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTY before admission)B. FULL NAME OF
HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)Baltimore City Hospitals
4940 Eastern Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

721 West North Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 8, 1874

9. AGE (In years
last birthday)

79

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Samuel Coleman

14. MOTHER'S MAIDEN NAME

Margaret Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

B.C.H. 4940 Eastern Avenue (records)

18.

177X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Uremia

DUE TO

ANTECEDENT CAUSES

(B)

Cancer of prostate with metastases

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-25-, 19 44-11-12-, 19 53 that I last saw the
deceased alive on 11-12-, 19 53. and that death occurred at 10:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Jones, M.D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

11-12-1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

11/16/53

London Park

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 14 1953

Huntington Baltimore, Md. 1217 St. Paul st.

See query reply in Document file.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 10047**BIRTH NO. **10047**

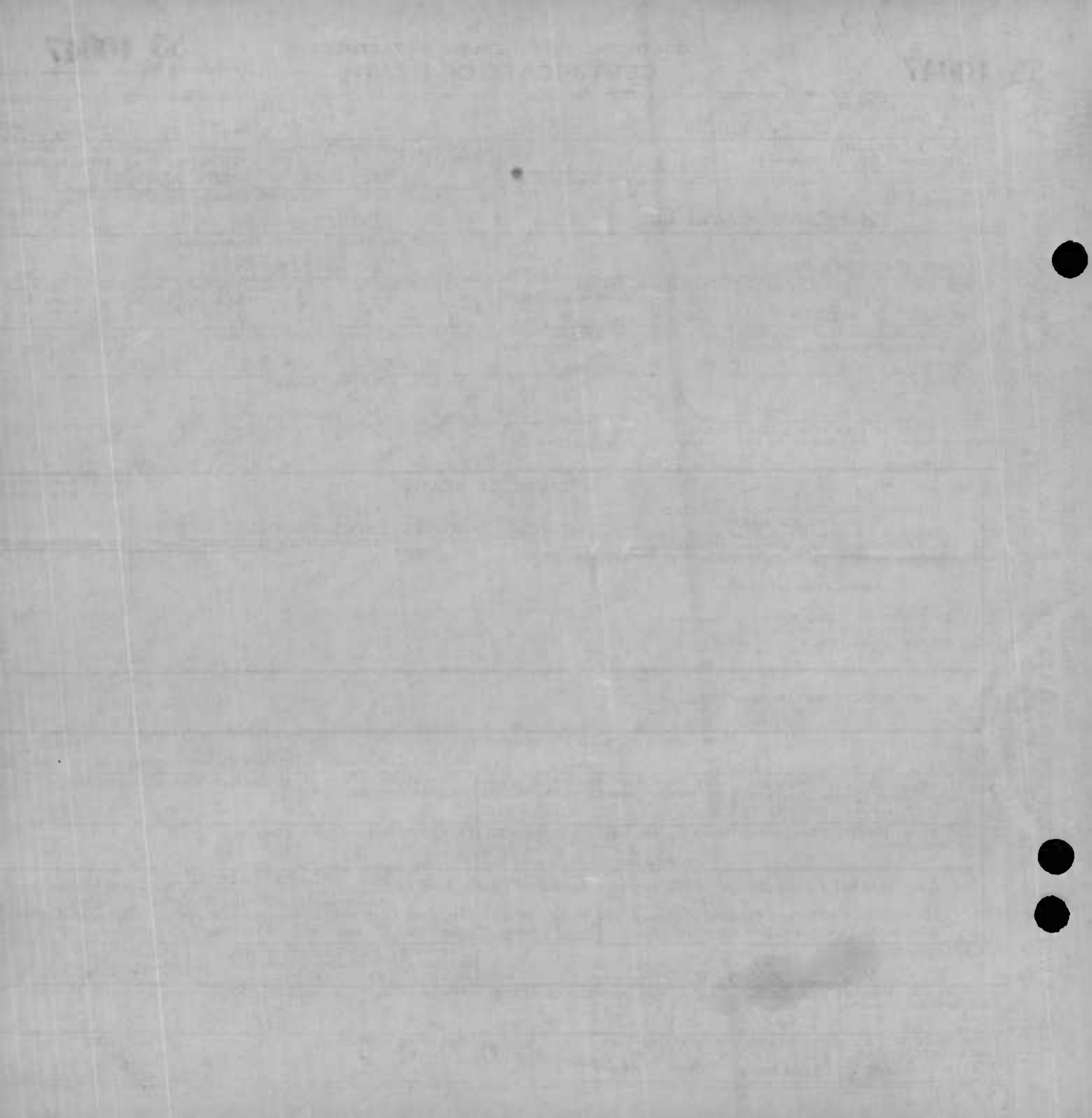
1. NAME OF DECEASED (Type or Print) BERTHA P BISHOP			2. DATE OF DEATH November 12, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Anne Arundel		
B. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Linthicum		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 742 Shipley Court		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 7/25/1864	9. AGE (In years last birthday) 89	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME Benjamin Wints			14. MOTHER'S MAIDEN NAME Laura Lancaster		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT 703 Shipley Court Hellie Hayes Linthicum Md.		

18. **422.1** I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Arteriosclerotic cardiovascular disease
DUE TO _____
(A) _____
ANTECEDENT CAUSES
(B) _____
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO _____
(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 11/16/53		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____			
22. I certify that I took charge of the remains described above, held an <u>Inspection & Inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William W. Smith		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input checked="" type="checkbox"/>		23C. DATE SIGNED Nov. 13, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/16/53	24C. NAME OF CEMETERY OR CREMATORY London Park	24D. LOCATION (City, town, or county) (State) Balto. Md.		
DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Boh Inc. 1217 St. Paul st.	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 10048**

L-231
3 10048
BIRTH NO.

1. NAME OF DECEASED (Type or Print) GEORGE LIGHTFORD		2. DATE OF DEATH Nov. 12, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 310 Myrtle Avenue		5. LENGTH OF stay in Baltimore Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Sept. 4, 1894
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Produce Market	9. AGE (In years last birthday) 59
13. FATHER'S NAME John Lightford		11. BIRTHPLACE (State or foreign country) Ka.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Alice Cook	
17. INFORMANT Mary Lightford		ADDRESS 310 Myrtle Ave	

18. 334X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cerebrovascular disease DUE TO (A) _____ ANTECEDENT CAUSES (B) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
--	--	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Joseph A. Jackson		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Nov. 12, 1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/14/1953	24C. NAME OF CEMETERY OR CREMATORY W. H. Chalmers Cem	24D. LOCATION (City, town, or county) (State) Baltimore Md	
DATE RECEIVED BY REGISTRAR'S SIGNATURE NOV 14 1953		25. FUNERAL DIRECTOR Wm. H. R. Williams ADDRESS 8229		

MEDICAL CERTIFICATION

1975-1976

THE CITY OF NEW YORK
OFFICE OF THE COMPTROLLER

1975

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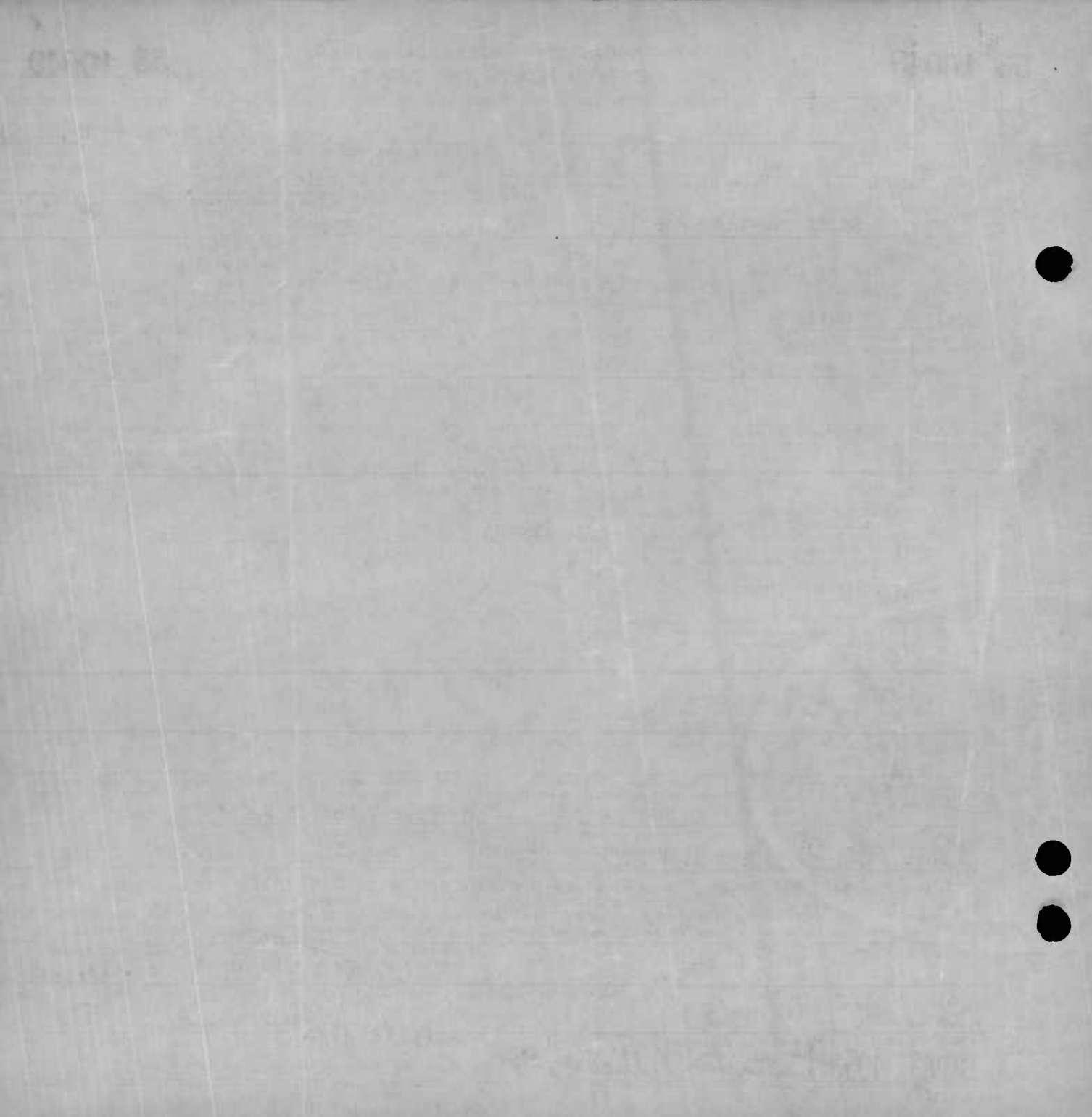
53

10049

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10049

BIRTH NO.			
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
CARL DEI		November 13, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION		A. STATE B. COUNTY	
Baltimore City Morgue		Wisconsin	
C. Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
Yrs. Mos. Days		Milwaukee	
5. SEX		D. STREET ADDRESS (If rural, give location)	
Male	6. COLOR OR RACE	4200 Luseher Avenue	
White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	8. DATE OF BIRTH	9. AGE (In years last birthday)
Asst Engineer	Marine	Nov 4-1897	56
13. FATHER'S NAME	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
	Russia	U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	389-01-6410	J. H. Thradgell	4555 Lines
18. E929.8 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
(A) Drowning		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO			
19. ANTECEDENT CAUSES			
(B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
DUE TO			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
	Harbor	Pier 7 Locust Point 24-1	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
Nov. 13, 1953 10:30 A.m.	Found	Found drowned	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input checked="" type="checkbox"/> .			
23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....	23C. DATE SIGNED	
P. P. P. P. P.	M.D.	Nov. 13, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	11/14/53		Milwaukee Wis
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S ADDRESS	
NOV 14 1953	Huntington Williams, M.D.	Wm Cook Inc - 12175 St Paul St	
VS 151	js N 990X	24055	



W-436

3 10050

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10050

1. NAME OF DECEASED
(Type or Print)

2. PLACE OF DEATH:

Baltimore City, Maryland

3. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

4. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. USUAL OCCUPATION (Give kind of work, not counting most of working life, even if retired)

9. KIND OF BUSINESS OR INDUSTRY

10. FATHER'S NAME

John D. Wilder

11. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

no

12. SOCIAL SECURITY NO.

13. INFORMANT

ADDRESS

Frank Brown 608 Geyson St

14. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

(A) Cerebral thrombosis, left

3 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B) Atherosclerotic Corvini

6 months

(C) Vascular Disease

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 10-20, 1953, to 11-14, 1953, that I last saw the deceased alive on 11-12, 1953, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 14 1953

Huntington Williams, M.D. 1227 Ward Blvd A. A. B. Mel

97046

M-635

10051

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10051

Registered No.

BIRTH NO.

NAME OF DECEASED
(Type or Print)PLACE OF DEATH:
Baltimore City, MarylandFULL NAME OF (If not in hospital or institution, give street address or location)
OSPITAL OR INSTITUTION

447-E. 28th ST.

Length of stay in Baltimore

50

SEX

Female white

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Balt & County Md

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

James Calvin Franklin

14. MOTHER'S MAIDEN NAME

May Elizabeth Keisling

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Florence Morton (Sister)

18. 331X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-2-1953 to 11-12-1953, that I last saw the deceased alive on 11-12-1953, and that death occurred at 6:00 Pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, OR REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

25. FUNERAL DIRECTOR

25. FUNERAL DIRECTOR ADDRESS

VS 150

14005 Clark St Balto 30 Md

APRIL 2

DEPARTMENT OF THE ARMY
OFFICE OF THE CHIEF OF MEDICAL DEPARTMENT

1901

RECEIVED
OFFICE OF THE CHIEF OF MEDICAL DEPARTMENT
WASHINGTON, D. C.
APRIL 2 1901

53 10052

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10052

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LEONARD S. GUCKERT		2. DATE OF DEATH November 12, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 1201 South View Road	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Mar. 27, 1906
9. AGE (in years last birthday) 47		10. UNDER 1 Year Months: _____ Days: _____	11. UNDER 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clothing Designer		10B. KIND OF BUSINESS OR INDUSTRY Men's Clothing	
11. BIRTHPLACE (State or foreign country) Penna.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME L. Leo Guckert		14. MOTHER'S MAIDEN NAME Margaret Kelly	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes		16. SOCIAL SECURITY NO. 184-10-9512	
17. INFORMANT Mrs. Mae Guckert-1201 Southview Rd.		ADDRESS	

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Generalized arteriosclerosis**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Coronary occlusion**

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William J. Guckert</i>	23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....	23C. DATE SIGNED Nov. 13, 1953
---	---	--

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/17/53	24C. NAME OF CEMETERY OR CREMATORY Balto. National C em.	24D. LOCATION (City, town, or county) (State) Balto., Md.
--	------------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1953	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Wm. J. Guckert & Sons</i>	ADDRESS Balto 17, Md
--	---	--	--------------------------------

MARGIN RESERVED FOR BINDING
PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

SECRET

CONFIDENTIAL

SECRET

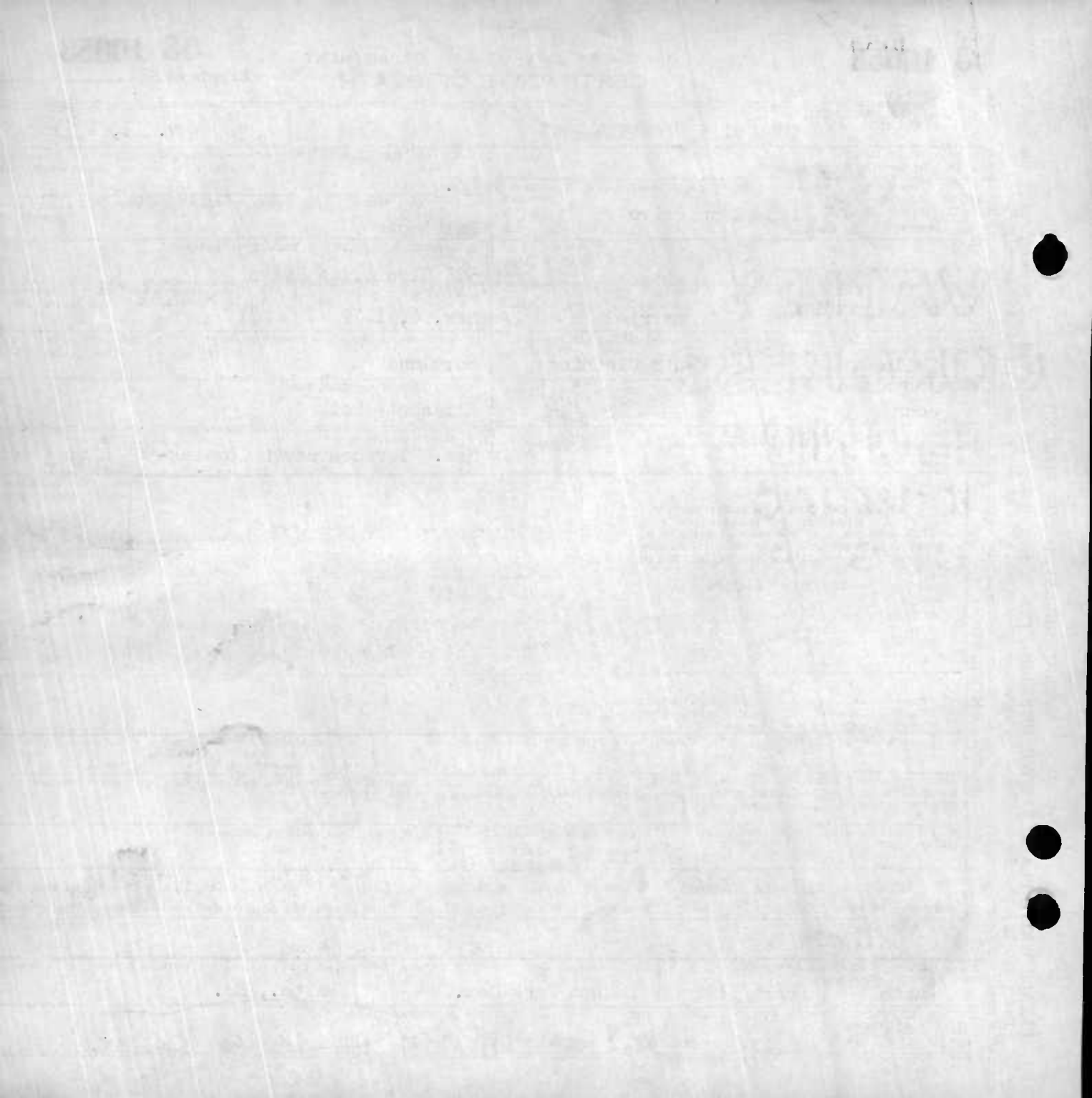


B-634
53 10053BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10053

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) ADAM BARTHOLOMAEUS		2. DATE OF DEATH Nov. 13, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY 28-04			
B. FULL NAME OF HOSPITAL OR INSTITUTION 505 Glen Allen Drive		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 505 Glen Allen Drive			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Mar. 6, 1872	9. AGE (In years, last birthday) 81	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor		10B. KIND OF BUSINESS OR INDUSTRY Men's Clothing		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME John		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Elizabeth Reik	
17. INFORMANT Mrs. Florence Bartholomaeus-505 Glen Allen Drive		ADDRESS			
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Coronary Thrombosis DUE TO Arteriosclerosis Cardiovascular Disease with cardiac hypertrophy (B) chronic myocarditis with cardiac insufficiency & hypertension DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 1/2 hour 10 years					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from November, 1943 to Nov 13, 1953 that I last saw the deceased alive on Nov 1953 , and that death occurred at 11 A. m. , from the causes and on the date stated above.					
23A. SIGNATURE Wm Michel		23B. ADDRESS 1015 Poplar Grove St.		23C. DATE SIGNED Nov 14 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/16/53		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	
24D. LOCATION (City, town, or county) (State) Balto., Md.		24E. FUNERAL DIRECTOR J. Viskner & Sons			
DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1953		REGISTRAR'S SIGNATURE Huntington Williams		ADDRESS Balto 17, Md.	



J-250
53 10054BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10054
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EMMA CAROLINE JACKSON

2. DATE
OF DEATH Nov. 12, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4017 Greenspring Ave.

C. CITY OR TOWN (If outside corporate limits write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4017 Greenspring Ave.

5. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Mar. 2, 1883

9. AGE (In years last birthday)

70

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Louis Pallhon

14. MOTHER'S MAIDEN NAME

Caroline Klinger

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Mr. Ernest T. Jackson - 4017 Greenspring Ave.

18. 592X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Asthma Deformans

1939

Chr. Myocarditis

1950

Chr. Interstitial Nephritis

1950

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 6, 1953 to Nov 17, 1953 that I last saw the deceased alive on Nov 14, 1953, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Paul Brown

23B. ADDRESS

3607 Liberty Hgts. Ave.

23C. DATE SIGNED

11/14/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/16/53

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. Fickner & Sons

ADDRESS

Barto. 17, Md.

35001

13001

3-240
53 10055BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10055

RTH NO.

NAME OF DECEASED
(Type or Print)

Burr Bosley

2. DATE
OF
DEATH

Nov. 13, 1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

Lutheran Hospital
of Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

20-02

D. STREET ADDRESS (If rural, give location)

9 Wheeler Ave #23 Md.

Length of stay in Baltimore

SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

Nov. 12, 1881

9. AGE (In years
last birthday)

72

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

Roofing

10B. KIND OF BUSINESS OR
INDUSTRY

BLDG. REPAIRS.

11. BIRTHPLACE (State or foreign country)

WEST VIRGINIA

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

FATHER'S NAME

Robert Bosley

14. MOTHER'S MAIDEN NAME

MARY BURR

C. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

yes

1909-1913

16. SOCIAL
SECURITY NO.

216-07-6380

17. INFORMANT

Roscoe Bosley

ADDRESS

Same

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Heart failure, pulmonary

DUE TO

(B)

arteriosclerotic heart

DUE TO

(C)

coronary insufficiency

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

C. INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 12, 1953, to Nov. 13, 1953, that I last saw the
deceased alive on Nov. 13, 1953, and that death occurred at 1:20 a.m. from the causes and on the date stated above.

23. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 15 1953

Huntington, William, M.D.

GEORGE L. Schwab 2101 FREDERICK
AVE.



MARGIN RESERVED FOR BINDING

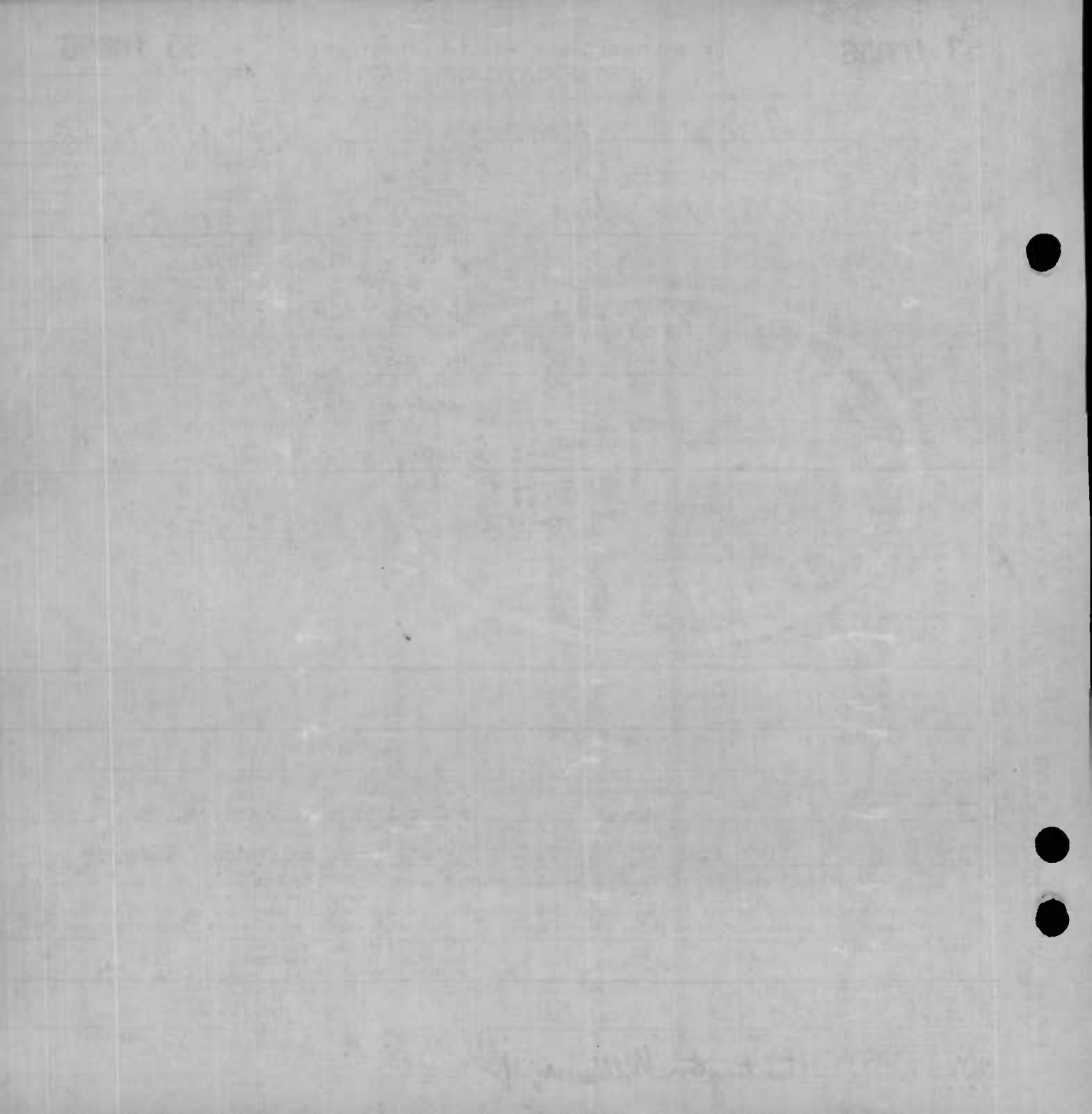
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-632
53 10056

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10056
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Alberta Kortash		2. DATE OF DEATH 11/14/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hosp		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-05			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 138 Jackson Square			
5. SEX F	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH Dec-6-1928	9. AGE (In years last birthday) 24	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress		10B. KIND OF BUSINESS OR INDUSTRY Tavern		11. BIRTHPLACE (State or foreign country) Scranton Pa.	
13. FATHER'S NAME Joseph P Healey		14. MOTHER'S MAIDEN NAME Mary Schock			
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Joseph Kortash - 138 Jackson Sq. ADDRESS B2180	
18. E816.1		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) FRACTURE OF NECK			
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		C			
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Pulaski Highway & Kresson St. 26/44	
21D. TIME (Month) (Day) (Year) (Hour) 11/14/53 3:55 A. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Auto & truck collision (passenger in auto)	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 11-14-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 11/14/53		24C. NAME OF CEMETERY OR CREMATORY Scranton	
24D. LOCATION (City, town, or county) (State) Penna.		25. FUNERAL DIRECTOR Huntington Williams, MD - Cook Inc.		ADDRESS Baltimore.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 15 1953		REGISTRAR'S SIGNATURE Huntington Williams, MD			



K-520

53 10057

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10057

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RUTH MARIE KING

2. DATE
OF
DEATH

Nov. 13, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)

INSTITUTION 3113 Clifton Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3113 Clifton Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

March 27, 1893

9. AGE (In years
last birthday)

60

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Boys Home Society

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Daniel Webster Clark

14. MOTHER'S MAIDEN NAME

Sarah Freshour

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

211-30-3321

17. INFORMANT

ADDRESS

Mr. E. W. Clark - Stevensonville, Md.

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

Hypertension

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/11, 1953, to 11/15, 1953, that I last saw the
deceased alive on 11/12, 1953, and that death occurred at 9P m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M.D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/16/53

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

DATE RECEIVED BY REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 15 1953

1000

THE STATE OF TEXAS
COUNTY OF DALLAS

1000

Know all men by these presents, that _____ of the County of _____ State of _____ do hereby certify that _____ of the County of _____ State of _____ is the owner of the following described land, to-wit:

1-220

53 10059

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10059

Registered No.

NAME OF DECEASED
(Type or Print)

FREIDA ISAACS

2. DATE
OF
DEATH

Nov 13, 1953

PLACE OF DEATH:

Baltimore City, Maryland 3907 Clarks Lane

FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION 3907 Clarks Lane4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore, Md. 27-20D. STREET ADDRESS (If rural, give location)
3907 Clarks Lane APT B

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Dec 13, 1898

9. AGE (In years last birthday)

54

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Aaron Louis Rothstein

14. MOTHER'S MAIDEN NAME

Rachel Mendelson apt B

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

No, no or unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

Samuel Isaacs 3907 Clarks Lane

18. 151X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Stomach.

DUE TO

2 years +

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) With metastases.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

4/53

19B. MAJOR FINDINGS OF OPERATION

Ca of Stomach.

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1951, to Nov. 13, 1953, that I last saw the deceased alive on Nov. 12, 1953, and that death occurred at 10:15 m., from the causes and on the date stated above.

23. SIGNATURE

Sol Smith.

M. D.

23B. ADDRESS

2426 Eutan Pl.

23C. DATE SIGNED

11/14/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov 15/53

24C. NAME OF CEMETERY OR CREMATORY

Hebrew-Frenchship

24D. LOCATION (City, town, or county)

3600 E. Baltimore Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR

NOV 15 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Revina Bros

ADDRESS

1126 W. North Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

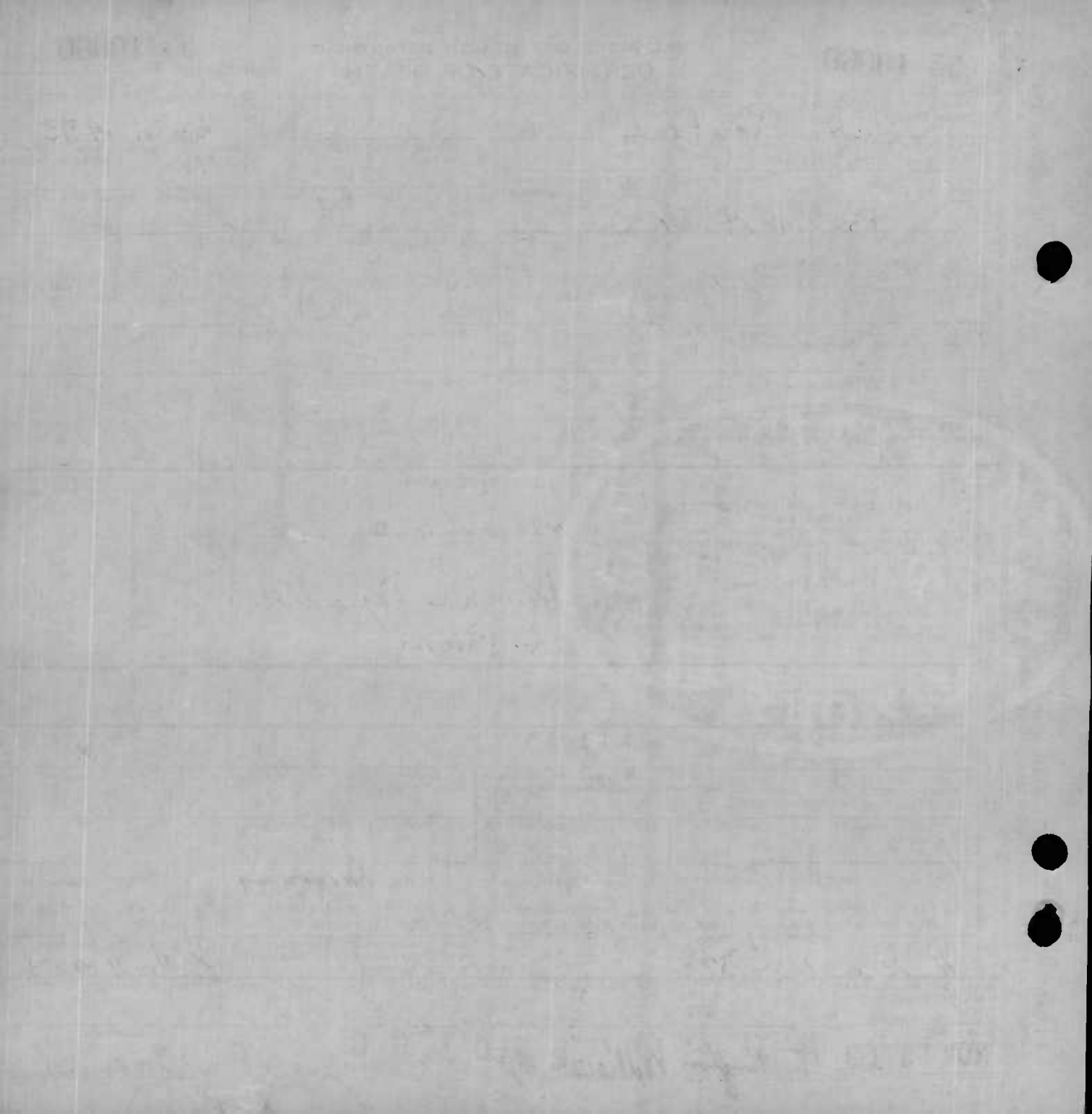
R-516

53 10060

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 10060
Registered No.

1. NAME OF DECEASED (Type or Print) <u>Neddie Rentre</u>			2. DATE OF DEATH <u>Nov 11, 1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md</u> B. COUNTY <u>md</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Provident Hosp</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto</u> <u>20-02</u>		
C. Length of stay in Baltimore <u>39</u> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>506 n. Pulaski st</u>		
5. SEX <u>7</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>may 5, 1895</u>		9. AGE (in years last birthday) <u>58</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (State or foreign country) <u>md</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>C</u>			14. MOTHER'S MAIDEN NAME <u>C</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Elizabeth Bennett</u>		ADDRESS <u>537 n. Pulaski</u>
18. <u>334 X</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <u>Atherosclerosis</u> DUE TO ANTECEDENT CAUSES (B) <u>Atrophic Degeneration of Brain</u> DUE TO (C) <u>of Brain</u> II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION <u>✓</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE <u>William Upchurch</u>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. <u>Notar</u>		23C. DATE SIGNED <u>Nov 11 1953</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>11-16-53</u>		24C. NAME OF CEMETERY OR CREMATORY <u>mtcuburn</u>	
24D. LOCATION (City, town, or county) <u>md</u>		24E. DATE RECEIVED BY REGISTRY <u>NOV 15 1953</u>		24F. REGISTRAR'S SIGNATURE <u>Huntington Williams</u>	
24G. FUNERAL DIRECTOR <u>Wm. E. Wilson</u>		24H. ADDRESS <u>1003 Brewster st</u>		24I. <u>3208A</u>	



T-413
53 10061BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10061

Registered No.

1. NAME OF DECEASED (Type or Print) <u>Clarence Talbott</u>			2. DATE OF DEATH <u>11/12/53</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) A. STATE <u>MD</u> B. COUNTY <u>BALTO</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>MERCY HOSPITAL INC.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALTO 12-07</u>		
c. Length of stay in Baltimore <u>60</u> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>121 W 22nd St</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>Col.</u>	7. SINGLE, MARRIED, WIDOWED, <u>DIVORCED</u> (Specify)	8. DATE OF BIRTH <u>10/15/93</u>	9. AGE (In years, last birthday) <u>60</u>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired ice cream maker</u>			11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13. FATHER'S NAME <u>Wesley Talbott</u>			14. MOTHER'S MAIDEN NAME <u>Annie ?</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>unknown</u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT <u>Josephine Washington Edmondson</u> ADDRESS <u>705</u>
18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			CAUSE OF DEATH (A) <u>Possible Coronary occlusion or pulmonary embolus or infarct</u> DUE TO (B) <u>Chronic long heart failure</u> DUE TO <u>HASCD</u> (C) <u>2 years +</u>		
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>0</u>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>10/24</u> , 19 <u>53</u> , to <u>11/27</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>11/12</u> , 19 <u>53</u> , and that death occurred at <u>12</u> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <u>George Henry Berk</u> M.O.			23B. ADDRESS <u>121 W 22nd St.</u>		23C. DATE SIGNED <u>11/12/53</u>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <u>11-16-53</u>	24C. NAME OF CEMETERY OR CREMATORY <u>not Auburn</u>		24D. LOCATION (City, town, or county) (State) <u>MD</u>	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		25. FUNERAL DIRECTOR <u>W. G. Nelson</u> ADDRESS <u>1303 Preston St</u>	

1998 Pa

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

Form 100-1



T-460

53 10062

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10062
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George Taylor

2. DATE
OF
DEATH

11-12-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR
INSTITUTION

943 N. Caroline St

C. CITY OR TOWN

Balto

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

943 N. Caroline St

c. Length of stay in Baltimore

5 years.

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

B. DATE OF BIRTH

9. AGE (in years
last birthday)11 Under 1 Year
Months: Days12 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

n. e.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Asahel Taylor

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Sarah Williams 943 N. Caroline St

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Hypertensive Cardiovascular
disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Congestive Heart Failure 6 mos

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-30, 1953 to 11-12, 1953 that I last saw the
deceased alive on 11-9, 1953, and that death occurred at 11:30 p. m., from the causes and on the date stated above

23A. SIGNATURE

J. K. Williams

M. D.

23B. ADDRESS

1222 N. Caroline

23C. DATE SIGNED

11-13-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11-16-53

24C. NAME OF CEMETERY OR CREMATORY

Robertson Hill n. e.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

George S. Nelson

ADDRESS

1303 Priestman St

SECRET

SECRET

SECRET

SECRET

H-625
53 10063BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10063

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

William J. Harrison.

2. DATE
OF
DEATH Nov 13, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3716 Falls Road.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

13-08

D. STREET ADDRESS (If rural, give location)

3716 Falls Road.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 28, 1868

9. AGE (In years
last birthday)

85

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.12. CITIZEN OF
WHAT COUNTRY?10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None (Blind)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Belfast, Ireland

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Grace R. Harrison. 3716 Falls Road.

18. 490X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Lobar pneumonia

1 week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-13-53, 1953 to 11-13, 1953, that I last saw the
deceased alive on 11-13, 1953, and that death occurred at 8:45 m., from the causes and on the date stated above.

23A. SIGNATURE

Robert Hoffman

23B. ADDRESS

M. O.

846 W. 36th St.

23C. DATE SIGNED

11-14-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov 16/53

24C. NAME OF CEMETERY OR CREMATORY

Pleasant Hill

24D. LOCATION (City, town, or county)

Balto Co., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 15 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

E. Donovan - 3818 Roland Ave

1951

Box 12, 1951

1951, 1952, 1953

1951, 1952

1951, 1952

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1951, 1952

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 10064****53 10064**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Pearl Moore.**2. DATE
OF
DEATH **Nov 13, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland.B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION**2917 Cresmont Ave.**

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore.

D. STREET ADDRESS (If rural, give location)

2917 Cresmont Ave.C. Length of stay in Baltimore **Life**Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Married**

8. DATE OF BIRTH

Aug 11, 18749. AGE (In years
last birthday)**79**If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Housewife**10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland.12. CITIZEN OF
WHAT COUNTRY?**U.S.**

13. FATHER'S NAME

Corbin W. Insley.

14. MOTHER'S MAIDEN NAME

Arieanna Mister.15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Berdye M. Moore, 2917 Cresmont Ave.18. **420.0**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Broncho - Pneumonia**

DUE TO

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) **Arterio - Sclerotic Heart**

DUE TO

Disease**6 years**

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.**- Senile Psychosis****3 weeks**

19A. DATE OF OPERATION

none19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Oct. 30, 1953**, to **Nov. 13, 1953**, that I last saw the
deceased alive on **Nov. 12, 1953**, and that death occurred at **3:30** m., from the causes and on the date stated above.

23A. SIGNATURE

Paul L. Chambers

M. D.

23B. ADDRESS

4108 Liberty Hts

23C. DATE SIGNED

11/13/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

Nov 16/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park.

24D. LOCATION (City, town, or county)

Frederick Rd, Md.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 15 1953**Huntington Williams (Christin) E. Donovan - 3818 Roland Ave**

N-552
53 10065

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10065
Registered No.

BIRTH NO.

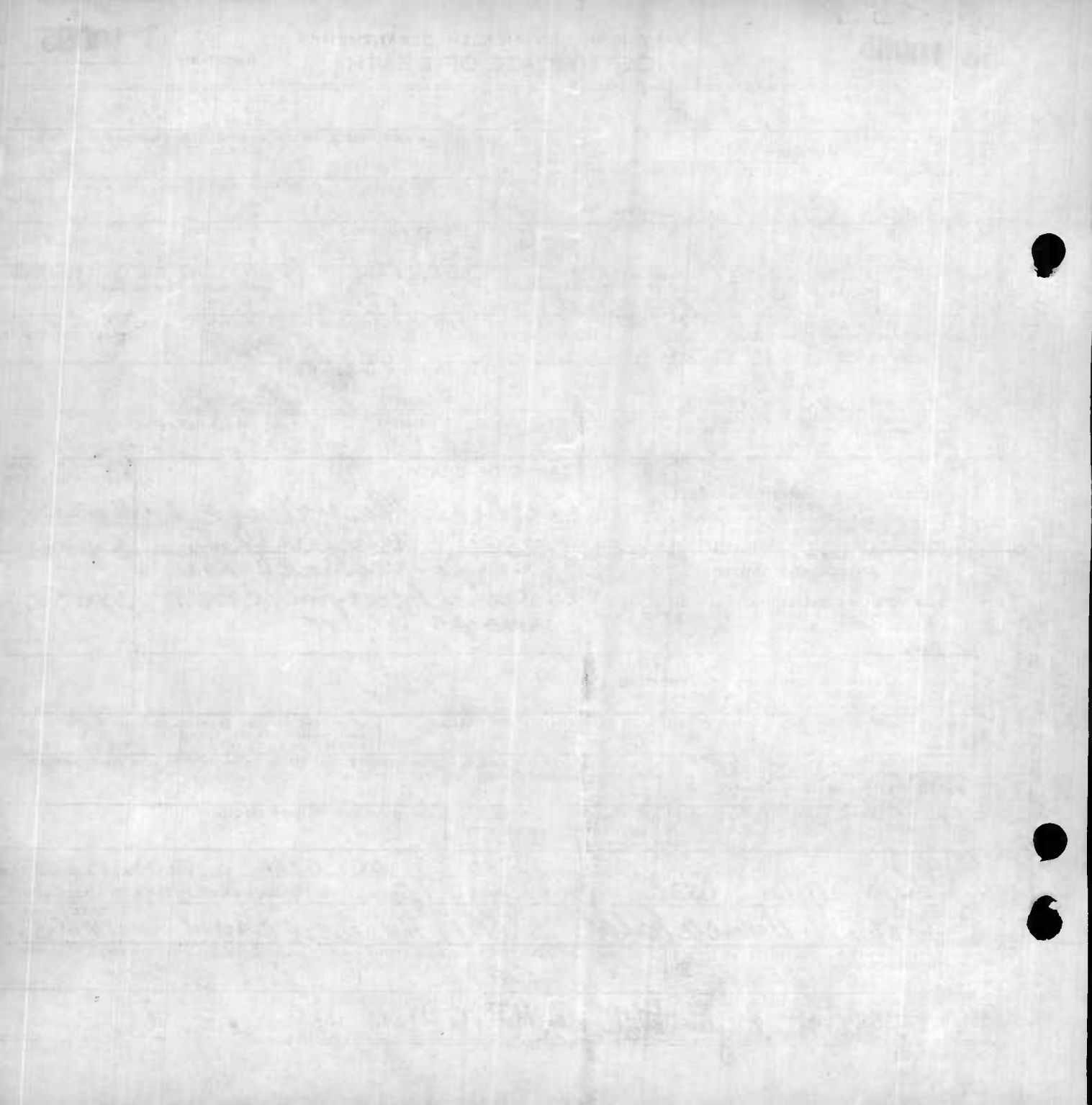
1. NAME OF DECEASED (Type or Print) <i>Albert E. Nonemaker</i>		2. DATE OF DEATH <i>11/12/53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <i>3103 Chesley Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 27-05</i>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>3103 Chesley Ave</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>8/19/1893</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Exec. Secretary Bethlehem Steel</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>60</i>
11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Frank Nonemaker</i>		14. MOTHER'S MAIDEN NAME <i>Mary S. Almoncy</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mabel B. Nonemaker Chesley Ave</i>		17. ADDRESS <i>3103</i>	

18. <i>451X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Cerebral Hemorrhage</i> DUE TO <i>Presenile arteriosclerotic cardio-cerebral disease</i> (B) <i>Dissecting Aneurysm of Aorta</i> DUE TO <i>SAME AS ABOVE</i> (C)	INTERVAL BETWEEN ONSET AND DEATH <i>15 minutes</i> <i>5 years</i> <i>3 yrs 5 mos</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>5/30</i> , 19 <i>50</i> , to <i>11/12</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>11/12</i> , 19 <i>53</i> , and that death occurred at <i>7p</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>John H. Hunselfeld</i>		23B. ADDRESS <i>6919 Harford Road</i>	23C. DATE SIGNED <i>11/14/53.</i>
24A. BURIAL, CREMATION-REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>11/16/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Green Mount</i>	24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>
DATE RECEIVED BY <i>NOV 15 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>1110 Oak St. 1217 St. Paul St.</i>	

VS 150

3503A



G-600

53 10066

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10066

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ada B. GRAY

2. DATE
OF
DEATH

11/14/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

615 Hollen Rd.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto. 27-48

D. STREET ADDRESS (If rural, give location)

615 Hollen Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

no

Wm. L. Brooks

Irving B. Gray 615 Hollen Rd.

18.

420.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Coronary Occlusion

INTERVAL BETWEEN
ONSET AND DEATH

5 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Atherosclerosis

15 yrs

(C)

Senility

15 yrs

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

Ren

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1947 to Nov. 14, 1953 that I last saw the deceased alive on Nov. 9, 1953, and that death occurred at 11:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

A. S. Chaffetz

M. D.

6210 York Rd. Balt. Md.

Nov. 14, 53

24A. BURIAL, CREMATION
REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11/7/53

Balto

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 15 1953

Huntington Williams, M.D. Cook, Inc. 1217 St. Paul St.

32001-24

32001-24



F-200
53 10067
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10067

1. NAME OF DECEASED (Type or Print) ABRAHAM N. FOX		2. DATE OF DEATH 11-14-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 404 No Collington Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-03	
D. STREET ADDRESS (If rural, give location) 404 No Collington Ave		E. Length of stay in Baltimore 50 Yrs. 5 Mos. 0 Days	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 168
9. AGE (In years last birthday) 168		10. AGE (In years last birthday) 168	11. AGE (In years last birthday) 168
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor		10B. KIND OF BUSINESS OR INDUSTRY mens	
11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Benjamin		14. MOTHER'S MAIDEN NAME Mary	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Ida Fox		ADDRESS same	
18. 177X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CARCINOMATOSIS DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CANCER - PROSTATE DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hypertensive C.V. disease			INTERVAL BETWEEN ONSET AND DEATH 1 yr. 3 yrs. 4 yrs.
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. TIME (Month) (Day) (Year) (Hour) OF INJURY		21D. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21E. HOW DID INJURY OCCUR?		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 1952 , to 11/14/53 , that I last saw the deceased alive on 11/14/53 , and that death occurred at 11:47 pm, from the causes and on the date stated above.			
23A. SIGNATURE Benjamin B. Mous		23B. ADDRESS 404 No Collington Ave	
23C. DATE SIGNED 11/14/53		23D. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-15-53	
24C. NAME OF CEMETERY OR CREMATORY Rosedale		24D. LOCATION (City, town, or county) (State) Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR NOV 15 1953		REGISTRAR'S SIGNATURE Huntington Williams	
FUNERAL DIRECTOR Black & White		ADDRESS 2100 Eutan Pl	

7100es
446 no Eugene

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 10068**A-165
53 10068
BIRTH NO.

1. NAME OF DECEASED (Type or Print) SARAH ABRAMSON		2. DATE OF DEATH 11-13-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2624 Cold Spring Lane		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-13	
C. Length of stay in Baltimore 60 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2624 Cold Spring Lane	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 7-10-19
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years, last birthday) 34 M Under 1 Year Months Days H Under 24 Hours Hours Min.
13. FATHER'S NAME Moses		11. BIRTHPLACE (State or foreign country) Russia	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Tobee	
17. INFORMANT Louis Abramson		ADDRESS Lance	
18. 526x CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Hemorrhage DUE TO Branchectasis		INTERVAL BETWEEN ONSET AND DEATH 1 day 1 year	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5/17 to 11/13 , 19 53 , that I last saw the deceased alive on Nov 13 , 19 53 , and that death occurred at 11 m., from the causes and on the date stated above.			
23A. SIGNATURE Russell Levin		23B. ADDRESS 1818 Reisterstown Rd	
23C. DATE SIGNED 11/17/53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-15-53	
24C. NAME OF CEMETERY OR CREMATORY Herring Run		24D. LOCATION (City, town, or county) (State) Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR NOV 15 1953		REGISTRAR'S SIGNATURE Huntington Williams	
FUNERAL DIRECTOR James E. Lewis		ADDRESS 2100 Eutaw Pl	

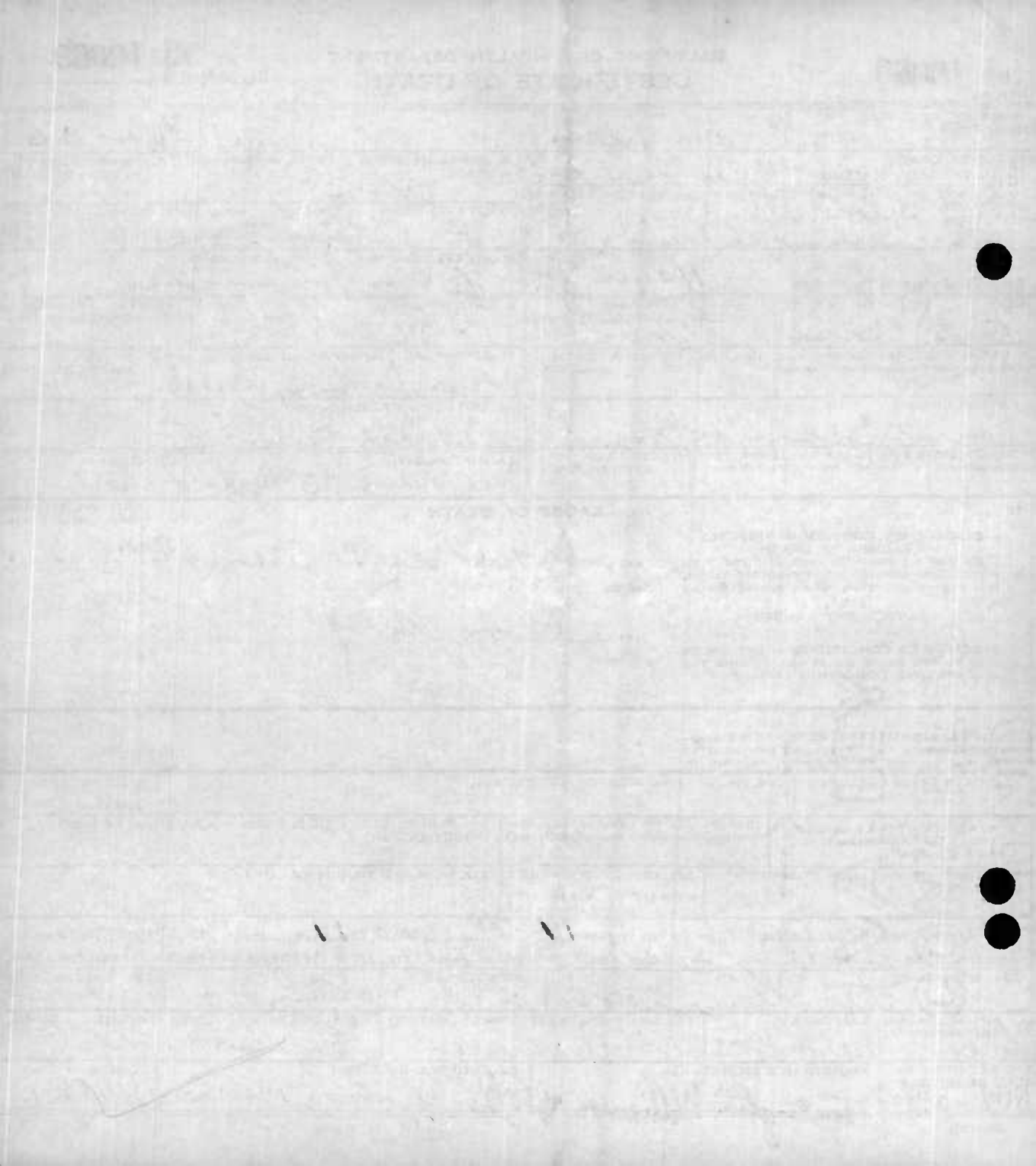
Mannel Power
4813 Perst Rd
Lv 2265

2-651

53 10069

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10069
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Judy E. Crampton</i>		2. DATE OF DEATH <i>11-12-53</i>	
3. PLACE OF DEATH: Baltimore City, Maryland <i>Baltimore Md</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <i>Bar-Wal-Bar</i> <i>Convalescent Home</i>		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 14-01</i>	
7. Length of stay in Baltimore <i>40 yrs</i>		8. STREET ADDRESS (If rural, give location) <i>806 Hampson St</i>	
9. SEX <i>Female</i>	10. COLOR OR RACE <i>Colored</i>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	12. DATE OF BIRTH <i>1878</i>
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		14. AGE (In years last birthday) <i>75</i>	15. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
16. FATHER'S NAME <i>Louis Crampton</i>		17. BIRTHPLACE (State or foreign country) <i>Montgomery Co Md</i>	
18. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		19. CITIZEN OF WHAT COUNTRY?	
20. SOCIAL SECURITY NO.		21. MOTHER'S MAIDEN NAME <i>Sallie Davis</i>	
22. INFORMANT <i>Mary Miles, 523 Highland Street</i>		23. ADDRESS	
24. CAUSE OF DEATH 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.) <i>Cardiovascular Renal Disease</i> 2. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Senility</i> 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
25. DATE OF OPERATION <i>0</i>		26. MAJOR FINDINGS OF OPERATION	
27. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
28. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		29. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
30. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
31. 21D. TIME (Month) (Day) (Year) (Hour)		32. 21E. INJURY OCCURRED	
33. 21F. HOW DID INJURY OCCUR?			
34. I hereby certify that I attended the deceased from <i>12-8</i> , 19 <i>53</i> , to <i>12-12</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>12-11</i> , 19 <i>53</i> , and that death occurred at <i>7:30 A.M.</i> , from the causes and on the date stated above.			
35. 23A. SIGNATURE <i>W. Atwell Jones</i>		36. 23B. ADDRESS <i>554 Dolphin St</i>	
37. 23C. DATE SIGNED <i>12-12-53</i>			
38. 24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		39. 24B. DATE <i>Nov. 16, 1953</i>	
40. 24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn Cem.</i>		41. 24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>	
42. DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 15 1953</i>		43. REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
44. 25. FUNERAL DIRECTOR <i>John H. Johnson</i>		45. ADDRESS <i>1700 Druid Hill Ave.</i>	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T-100
53 10070

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

53 10070

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Rosa Tabb.

2. DATE
OF
DEATH

Nov. 13, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Med. Cpl 4

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

md.

10-02

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 5

7. STREET ADDRESS (If rural, give location)

900 N. Eden St.

8. Length of stay in Baltimore

Yrs.
Mos.
Days

9. SEX

10. COLOR OR RACE

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

12. DATE OF BIRTH

13. AGE (In years last birthday)

14. Under 1 Year Months: Days 15. Under 24 Hours Hours: Min.

16. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)

17. KIND OF BUSINESS OR INDUSTRY

18. BIRTHPLACE (State or foreign country)

19. CITIZEN OF WHAT COUNTRY

20. FATHER'S NAME

William Trowel

21. MOTHER'S MAIDEN NAME

Mary Trowel

22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

23. SOCIAL SECURITY NO.

24. INFORMANT ADDRESS
JOHNS HOPKINS HOSPITAL

25. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Myocardial Infarct

10d

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertensive Arteriosclerosis

?

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

26. DATE OF OPERATION

27. CONDITION FOR WHICH OPERATION WAS PERFORMED

28. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

29. AUTOPSY? YES ☐ NO ☒

30. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

31. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

32. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

33. TIME (Month) (Day) (Year) (Hour) OF INJURY

34. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

35. HOW DID INJURY OCCUR?

36. I hereby certify that I attended the deceased from *11-3-*, 19*53* to *11-13-*, 19*53*, that I last saw the deceased alive on *11-13-*, 19*53*, and that death occurred at *4:20 p.m.*, from the causes and on the date stated above

37. SIGNATURE

Thomas H. Hensley

38. ADDRESS

JOHNS HOPKINS HOSPITAL

39. DATE SIGNED

11/14/53

40. BURIAL, CREMATION, REMOVAL (Specify)

Burial

41. DATE

11/14/53

42. NAME OF CEMETERY OR CREMATORY

Mt. Holly Baptist Provident Forge, Va.

43. LOCATION (City, town, or county)

(State)

44. DATE RECEIVED BY LOCAL REGISTRAR

NOV 15 1953

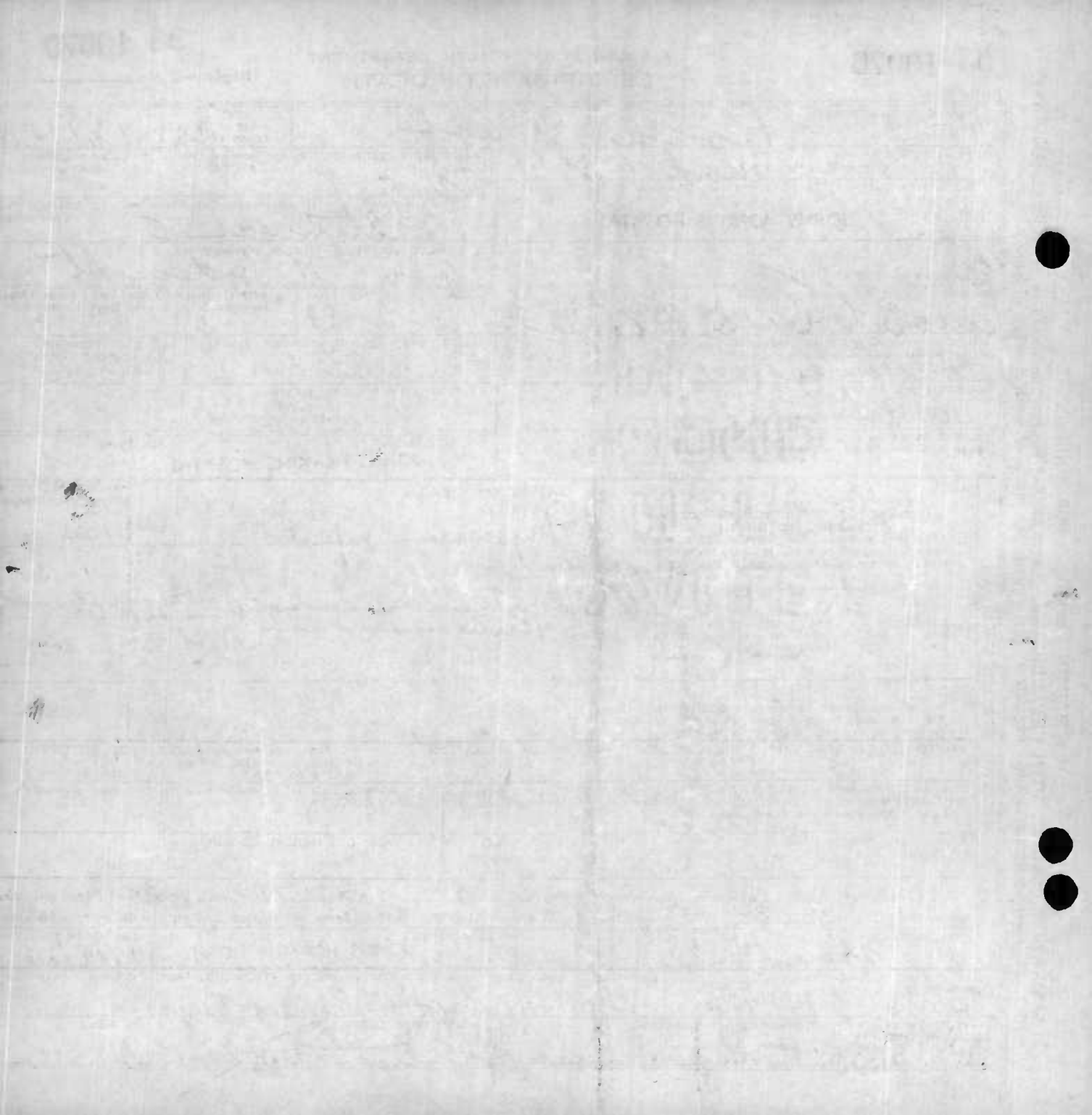
45. REGISTRAR'S SIGNATURE

Huntington Williams

46. FUNERAL DIRECTOR

Charles L. Law, 802 Madison Ave.

47. ADDRESS



2-9-42

3 10071

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 10071
Registered No.

NAME OF DECEASED
(Type or Print)

Guy E. Eggleston

2. DATE
OF
DEATH

Nov. 14-53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF
OSPITAL OR
INSTITUTION

523 NORMANDY AVE

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

523 NORMANDY AVE

Length of stay in Baltimore

SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

JULY 21-1900

9. AGE (In years
last birthday)

53

10. Under 1 Year
Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

RECEIVING CLERK

10B. KIND OF BUSINESS OR
INDUSTRY

Federal Tin Co

11. BIRTHPLACE (State or foreign country)

HUNTINGTON W. VA

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

EGGLESTON

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

216-037787

17. INFORMANT

MRS. MINNIE EGGLESTON

ADDRESS

523 NORMANDY

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary thrombosis

15 min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

myocarditis -

1 year

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

I hereby certify that I attended the deceased from 934, 19, to 11/14/53, 19, that I last saw the
deceased alive on 11/10, 1953, and that death occurred at 8 a. m., from the causes and on the date stated above.

23A. SIGNATURE

R. C. C. C.

23B. ADDRESS

477 Lullow Ave

23C. DATE SIGNED

11/15/53

A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

Nov. 17-53

24C. NAME OF CEMETERY OR CREMATORY

Meadow Ridge Mem Co. Washington Blvd - Dec 6 Rd

24D. LOCATION (City, town, or county)

(State)

TE RECEIVED BY
CAL REGISTRAR

OV 151953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

THOMAS J. KENNY, INC.

ADDRESS

3903D

1600 HOLLINS ST

M-620
53 10072BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 151X53 10072
Registered No.

1. PLACE OF DEATH:

- (a) Baltimore City, Maryland
(b) Street address 1800 Swansea Road
(c) Hospital or institution:

- (d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs

3 (a) FULL NAME

Charles Edward Marsh

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex male 5. Color or race white 6 (a) Single, married, widowed, or divorced Married

- 6 (b) Name of husband or wife Lillian Riggin Marsh 6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Feb. 1, 1884

8. AGE: Years 69 Months 9 Days 14 If less than one day hr. min.

9. Birthplace Harborton, Virginia (Town, county, and state)

10. Usual Occupation Merchant Marine

11. Industry or business Chief Engineer

12. Name Charles Marsh

13. Birthplace Virginia

14. Maiden Name Melissa Mister

15. Birthplace Virginia

- 16 (a) Informant Mrs Lillian Marsh

- (b) Address 1800 Swansea Rd. Baltimore

- 17 (a) Burial (b) Date thereof 11-18-1953 (month) (day) (year)

- Cemetery or crematory Sunny Ridge Cern
Location Crisfield, Maryland

- 8 (a) Funeral director Bradshaw Funeral Parlors

- (b) Address Crisfield, Md.

- 9 NOV 16 1953 (Date rec'd by Registrar) Huntington Williams, Registrar

2. USUAL RESIDENCE OF DECEASED:

- (a) State ~~and~~ Pennsylvania (b) County V-35
(c) City or town Philadelphia
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3 (If rural give location)
(e) If foreign born, how long in U. S. A. years

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-15 1953, at 7 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-12 1943, to 11-15 1953 and that I last saw him alive on 11-15 1953.

- Immediate cause of death Carcinoma of stomach Duration 5 mo.

- Due to

- Due to

- Other Conditions

- (Include pregnancy within 3 months of death)

- Major findings:

- Of operations

- Of autopsy

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide

- (b) Date of occurrence

- (c) Where did injury occur? (City or town) (County) (State)

- (d) Did injury occur about home, on farm, industrial place, in public place? While at work?

- (Specify type of place)

- (e) Means of injury

- Signature P. J. Ginnaldi

- Address 4609 Gay Rd. Baltimore Date signed 11-15-53

CERTIFICATE OF DEATH

James M. Smith
100-100000

James M. Smith
100-100000

James M. Smith
100-100000

James M. Smith
100-100000

James M. Smith
100-100000

James M. Smith
100-100000

James M. Smith
100-100000

James M. Smith
100-100000

A-426

53 10073

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10073

Registered No. _____

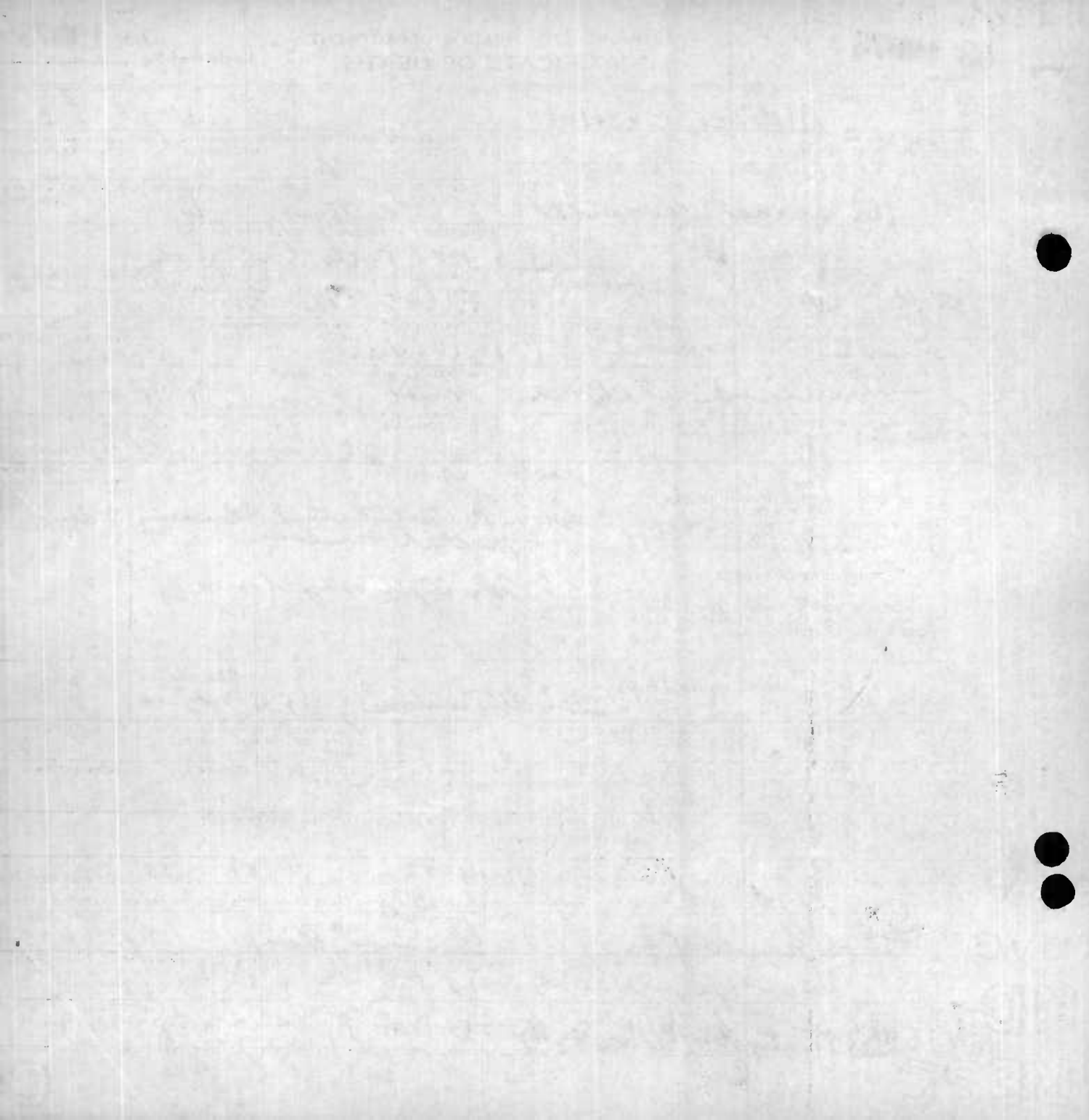
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Alkire, Charles J.</i>		2. DATE OF DEATH <i>11-15-53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>? Md.</i> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>? Baltimore</i>	
5. Length of stay in Baltimore <i>64</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>6007 Belle Vista Ave.</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE <input checked="" type="checkbox"/> MARRIED WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Feb 7 1892</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>none</i>	9. AGE (in years last birthday) <i>61</i>
11. BIRTHPLACE (State or foreign country) <i>W. Va.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>Minrod Alkire</i>		14. MOTHER'S MAIDEN NAME <i>Mary Elizabeth Fox</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <i>Margaret Keon Alkire</i>		ADDRESS <i>6007 Belle Vista Ave</i>	

18. <i>203X</i> CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Lower Gastrointestinal Bleeding</i>		<i>3 days</i>
DUE TO <i>? Multiple Myeloma.</i>		
(B) <i>? Multiple Myeloma.</i>		<i>?</i>
DUE TO _____		
(C) _____		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Enl. Arteriosclerosis; B.P.H.; Ephyema</i>			
19A. DATE OF OPERATION <i>0</i>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from <i>11-14-53</i> , 19 <i>53</i> , to <i>11-15-</i> , 19 <i>53</i> that I last saw the deceased alive on <i>11-15</i> , 19 <i>53</i> , and that death occurred at <i>10:20</i> Am., from the causes and on the date stated above.			
23A. SIGNATURE <i>F. E. Whitham, Jr.</i>	23B. ADDRESS <i>University Hosp.</i>	23C. DATE SIGNED <i>11-16-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>Nov 17-1953</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Queens Point</i>	24D. LOCATION (City, town, or county) (State) <i>Keyser West Va</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 16 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>4900 York Road</i>	



S-140

53 10074

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10074
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARGARET D. SIPPEL

2. DATE
OF
DEATH

Nov. 12, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY Before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2252 Cecil Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

2252 Cecil Avenue

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

Nov. 12, 1869

9. AGE (In years
last birthday)

84

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?
U. S. A.

13. FATHER'S NAME

Benjamin Rhoades

14. MOTHER'S MAIDEN NAME

Margaret Phaff

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.
None17. INFORMANT
Mrs. Thelma M. Gray
2252 Cecil Avenue

18. 422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Arteriosclerotic Cardio-
Vascular Disease

5 yrs.

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐
WORKNOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1950 to Nov. 1953, that I last saw the
deceased alive on Nov. 10, 1952, and that death occurred at 6 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Wm. H. Kammer, Jr.

M. D.

23B. ADDRESS

5015 Sheridan Ave.

23C. DATE SIGNED

Nov. 14, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

Nov. 16, 1953

24C. NAME OF CEMETERY OR CREMATORY

Greenmount Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 16 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

E. H. SANDER & SONS, INC.
Baltimore, Maryland

George Sander

15001

15001

W. H. Williams

53 10075

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10075

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ernest George

2. DATE
OF
DEATH

Nov. 12, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2514 E. Hoffman St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2514 E. Hoffman St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Mar. 24, 1864

9. AGE (In years
last birthday)

89 yrs.

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Millman

10B. KIND OF BUSINESS OR
INDUSTRY

Goddard Mill &

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

Lumber Co.

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Philip T. George-2514 E. Hoffman St

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Acute Myocarditis.

2 days

DUE TO Arteriosclerosis

5 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Oct. 9, 1953 to Nov. 12, 1953 that I last saw the
deceased alive on Nov. 12, 1953, and that death occurred at 10 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

1613 E. North Ave.

23C. DATE SIGNED

11-13-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 16, 1953

24C. NAME OF CEMETERY OR CREMATORY

Balto. Cem.

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 16 1953

Huntington Williams

John C. Miller Inc 2431 E. Oliver St.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 10076
Registered No.

53 10076
BIRTH NO.

1. NAME OF DECEASED (Type or Print) EDWARD T. CONNELLY Jr.			2. DATE OF DEATH 11/15/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION City Morgue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-05		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 608 Quail Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 26, 1915		9. AGE (in years last birthday) 38 yrs.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Metal Worker		10B. KIND OF BUSINESS OR INDUSTRY Baltimore Shipbuilding Co.	11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Edward T. Connolly Jr.			14. MOTHER'S MAIDEN NAME Irene Richards		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 69630	17. INFORMANT ADDRESS Louise Connolly - 608 Quail St.		

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) E 981 X		CAUSE OF DEATH (A) GUNSHOT WOUND OF BRAIN DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) _____ DUE TO	
(C) _____			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION Nov. 15, 1953		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about: home, farm, factory, street, office bldg., etc.) home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 608 S. Quail Street	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Nov. 15, 1953 6:15 A. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Shot by wife	

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.

23A. SIGNATURE R. F. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 11/15/53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11-18-53	24C. NAME OF CEMETERY OR CREMATORY Baltimore Cem.	24D. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 16 1953		25. FUNERAL DIRECTOR ADDRESS John C. Miller Inc. 243 E. Choptank		

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 10078**BIRTH NO. **53 10078**1. NAME OF DECEASED
(Type or Print)**SAM COHEN**2. DATE
OF
DEATH**11-14-53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION**4016 Pinney Road**

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3736 Reisterstown Rd

E. Length of stay in Baltimore

50

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Widowed**

8. DATE OF BIRTH

9. AGE (In years:
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.**66**10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Tailor**10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Not Known

14. MOTHER'S MAIDEN NAME

Not Known15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Morris Cohen - Home18. **260X**DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

Massive

(A)

CORONARY THROMBOSIS

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH**1 Hour**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Diabetes Mellitus

DUE TO

3 years

(C)

Arterio Sclerotic Cardio Vascular Disease**3 years**

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.**Chronic Bronchitis****2-3 years**

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Oct 14, 1953** to **Nov 14, 1953** that I last saw the
deceased alive on **Nov 14, 1953**, and that death occurred at **10:20 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Alex H. Gensler

M. D.

23B. ADDRESS

4603 Park View Ave

23C. DATE SIGNED

11-15-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11-16-53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Hebrew

24D. LOCATION (City, town, or county)

Balto MdDATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

10010 Lewis Ave

ADDRESS

2100 Eutaw Pl

Winchester
4603 Paris Hgt
the 5398

88-360
53 1007911-24-53
CERTIFICATE CORRECTEDBALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10079
Registered No.

BIRTH NO.			
1. NAME OF DECEASED (Type or Print) KATHERINE G. RITTER			2. DATE OF DEATH 11/15/53
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION MERCY HOSP.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 8-04	
c. Length of stay in Baltimore 37 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2305 E PRESTON	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 3/24/86
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (In years last birthday) 77
11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Bradley		14. MOTHER'S MAIDEN NAME Anna McCann	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Katherine M. Ritter, above		ADDRESS	
18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Infarction DUE TO A.S.H.D. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH 15d.
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/1/53 , 19 53 , to 11/15/53 , 19 53 , that I last saw the deceased alive on 11/15/53 , 19 53 , and that death occurred at 11:40 a.m., from the causes and on the date stated above.			
23A. SIGNATURE Robert J. Lyden		23B. ADDRESS Mercy Hospital	
23C. DATE SIGNED 11/15/53		23D. M. D.	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 18, 1953	
24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 16 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Chimunk Funeral Home, Inc.		ADDRESS 2601-3-5 E. Madison St.	



4-142
53 10080BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10080

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANCES HABLIK

2. DATE
OF
DEATH

Nov. 13, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1316 Crofton Rd.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

5. Length of stay in Baltimore 64 yrs

Yrs.
Mos.
Days

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1316 Crofton Road

6. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Aug. 15, 1866

9. AGE (In years
last birthday)

87

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Czechoslovakia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Mathew Kosik

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Frank J. Hablik, son, above

18. 420.0 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral hemorrhage

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive arteriosclerosis

10 years

(C)

Heart disease

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORKI hereby certify that I attended the deceased from 26 Sept 1953 to 13 Nov 1953, that I last saw the
deceased alive on 11 Nov 1953, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

TE RECEIVED BY
CAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

UY 161053

Huntington Williams, M.D.

Schimmek Funeral Home, Inc.

2601-3-5 E. Madison St.

K.460

53 10081

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10081

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles F. Kolar

2. DATE
OF
DEATH

Nov. 14, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

902 N. Montford Avenue

c Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

July 16, 1905

9. AGE (in years
last birthday)

48

10 Under 1 Year

Months

Days

11 Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Shipping Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Furniture Store

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Joseph Kolar

14. MOTHER'S MAIDEN NAME

Josephine Dusek

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL

215-09-4188

17. INFORMANT

Frank Kolar, 902 N. Milton Ace.

ADDRESS

18.

420.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Coronary thrombosis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

3 hours

ANTECEDENT CAUSES

(B)

Arteriosclerotic C.V.D.

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/19/53, 19__, to 11/14/53, 19__, that I last saw the
deceased alive on 10/23/53, 19__, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Harold C. Groat

M. D.

23B. ADDRESS

8100 Harford Rd

23C. DATE SIGNED

11/16/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 17, 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore, Md. 6

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 16 1953

Huntington Williams, Jr.

Fr. Cvach & Son, 900 N. Chester St. 5

18001 52

18001 52

5

5

D-250

53 10082

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10082
Registered No.

IRTH NO.

NAME OF DECEASED
(Type or Print)*Catherine Eliz. Dixon*2. DATE
OF
DEATH*11/14/53*

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*Maryland General Hospital*

Length of stay in Baltimore

49 (life)

SEX

Female

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Married*8. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)*Housewife*10b. KIND OF BUSINESS OR
INDUSTRY

FATHER'S NAME

*Henry Lauch*9. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Baltimore**9-07*

D. STREET ADDRESS (If rural, give location)

1515 Abbottston Str. #18

8. DATE OF BIRTH

*April 15, 1904*9. AGE (in years
last birthday)*49*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

*Baltimore**Md.*12. CITIZEN OF
WHAT COUNTRY?*U. S. A.*

14. MOTHER'S MAIDEN NAME

Catherine Rothger

17. INFORMANT

ADDRESS

*Austin B. Dixon**same.*

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

*Diabetes mellitus**with diabetic glycosuria*
worsened by

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *11/10* 19*53* to *11/14* 19*53* that I last saw the
deceased alive on *11/14* 19*53* and that death occurred at *4:45* p.m., from the causes and on the date stated above.

23a. SIGNATURE

M. D.

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

TE RECEIVED BY
CAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

NOV 19 1953

*Huntington Williams, M.D.**Leobard J. Ruck**5305 Bayford*

SHORT 12

STANDARD OF THE 1910

1910



age is especially important. Physicians: please write the causes of death clearly and legibly.

53 10083

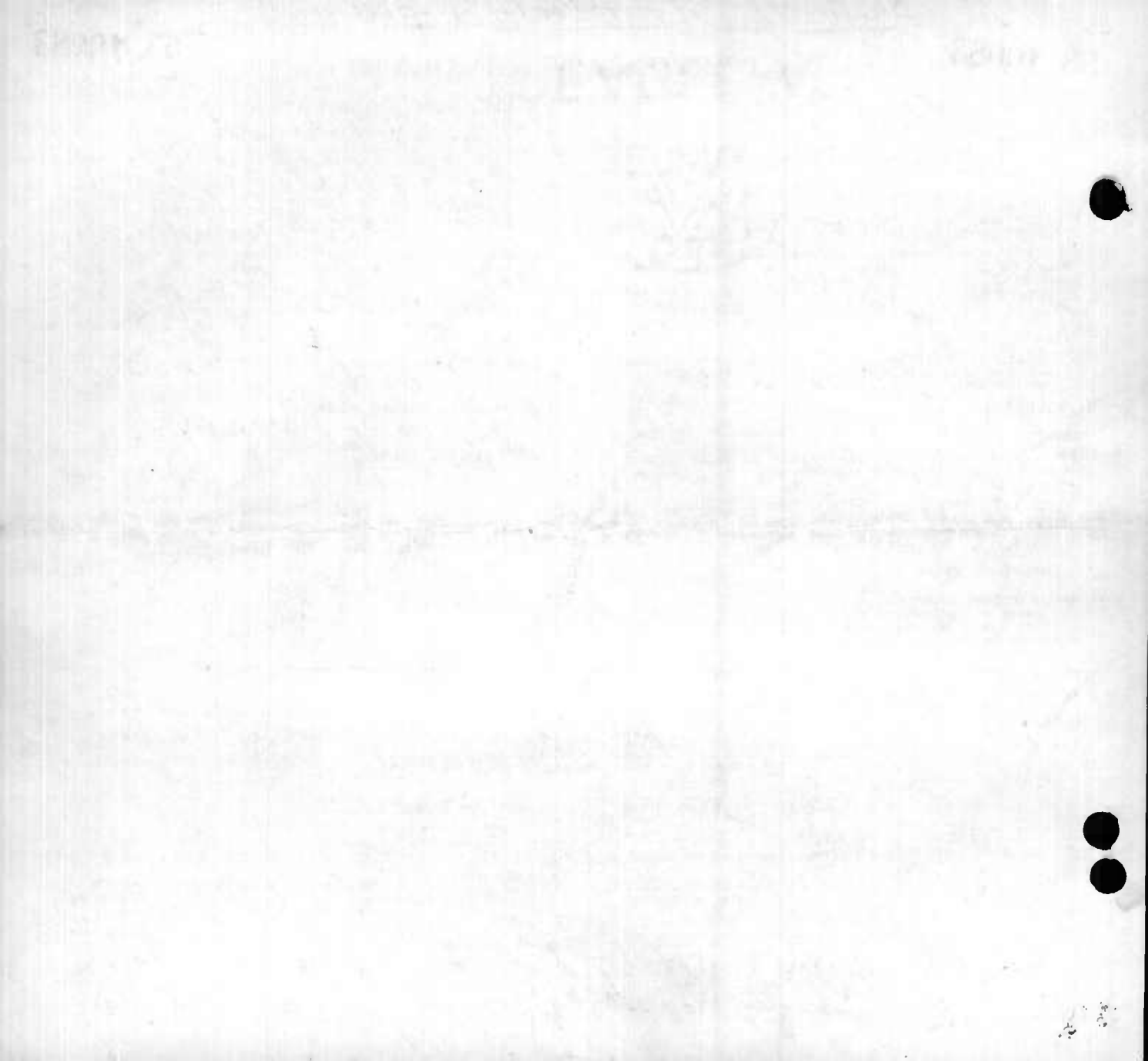
PALM STONE CITY HEALTH DEPARTMENT
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, MD

53 10083

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY <u>Balto.</u> MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) <u>Baltimore</u> TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>2854 Kentucky</u>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY CITY (If outside corporate limits, write RURAL and give nearest town) <u>Balto</u> OR TOWN <u>27-01</u> STREET ADDRESS (If rural give location) <u>2854 Kentucky</u>	
3. NAME OF DECEASED: (Type or Print) <u>Madeline Pauline Litz</u> (First) (Middle) (Last)		4. DATE OF DEATH: <u>Nov 15 1953</u> (Month) (Day) (Year)	
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Mar</u>	8. DATE OF BIRTH: <u>Dec 21 1881</u>
9. AGE last birthday: <u>71</u> yrs. <u>71</u> Months <u>15</u> Days <u>19</u> Hours <u>53</u> Min.		10. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country): <u>MD.</u>		12. CITIZEN OF WHAT COUNTRY: <u>USA.</u>	
13. FATHER'S NAME: <u>John Wictomsky</u>		14. MOTHER'S MAIDEN NAME: <u>Hensella Mary.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): <u>No</u>		16. SOCIAL SECURITY No.: <u>—</u>	
17. INFORMANT & ADDRESS: <u>Daughter 215 Westowne Rd.</u>		18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) <u>Generalized Intraabdominal</u> Antecedent causes (s) DUE TO <u>Carcinoma</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO (c)		Interval Between Onset And Death <u>7 wks.</u>	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION: <u>Sept 18 53</u>		19b. MAJOR FINDINGS OF OPERATION: <u>General Carcinoma liver & Metastases</u>	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/> HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Oct 10, 1953</u> , to <u>Nov 15, 1953</u> , that I last saw the deceased alive on <u>11/15</u> , 19 <u>53</u> , and that death occurred at <u>11:40 PM</u> , from the causes and on the date stated above. SIGNATURE <u>Frank T. Lank</u> (Degree or title) ADDRESS <u>M.D. 9005 Harford Rd Balto Md.</u> DATE SIGNED <u>Nov 15 1953</u>			
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF	
NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE	
FUNERAL DIRECTOR		ADDRESS	
<u>NOV 16 1953</u>		<u>Huntington Williams, M.D.</u>	
<u>Nov 16 1953</u>		<u>Bernard J. Ruck</u>	
<u>5305 Harford</u>			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 10084

1. NAME OF DECEASED (Type or Print) SPIRO MBORJA		2. DATE OF DEATH Nov. 10, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Connecticut B. COUNTY V-06	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bridgeport	
D. STREET ADDRESS (If rural, give location) 664 State Street		E. MONTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH
9. AGE (In years last birthday) 55?		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant	
11. BIRTHPLACE (State or foreign country) ALBANIA		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Thavis Mboria		14. MOTHER'S MAIDEN NAME Dhoxi	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr Dhori Yero - 346 Fairview Ave		18. CAUSE OF DEATH	

18. **420.1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) **Coronary artery disease**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Hypertensive cardiovascular disease**

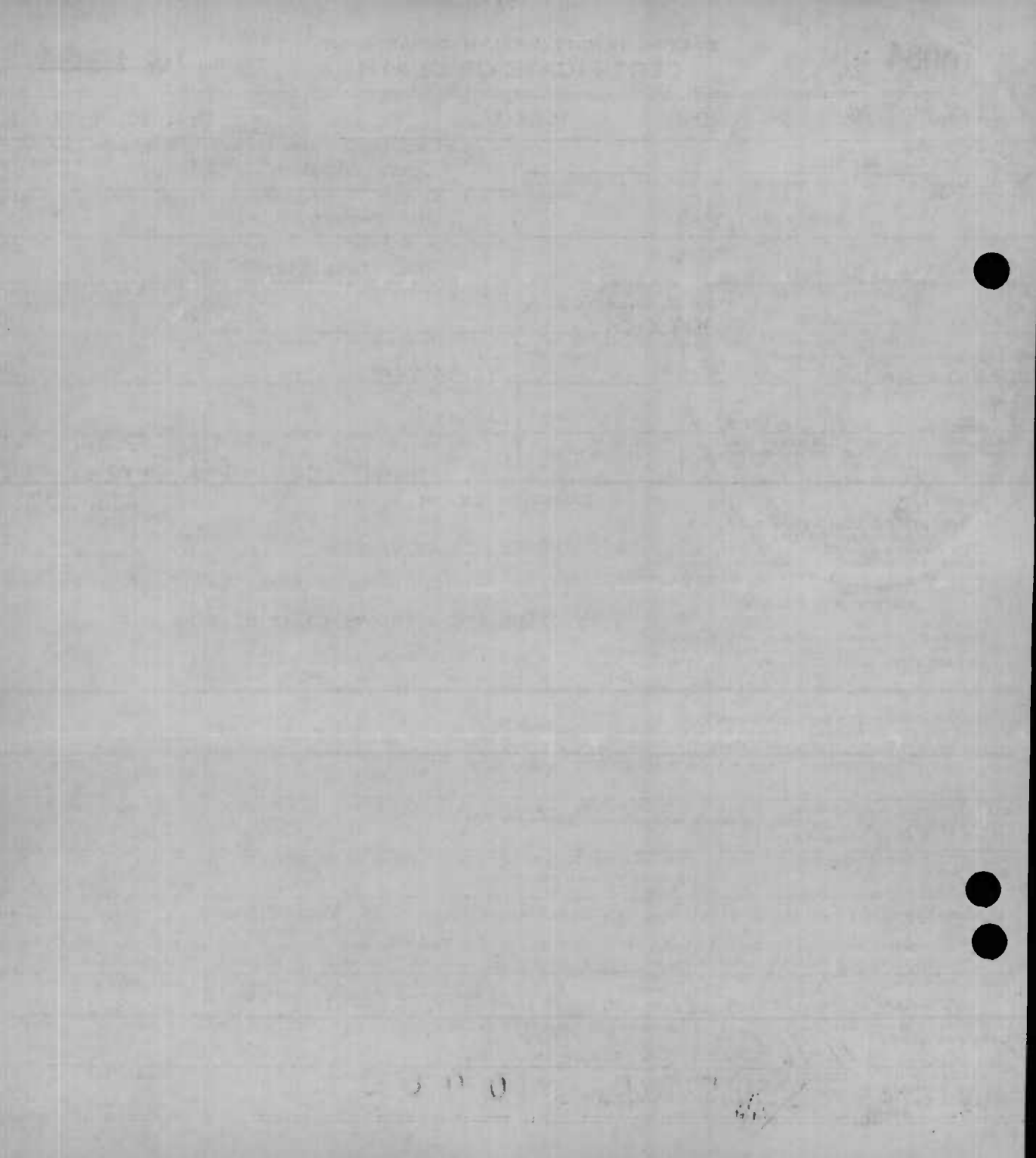
DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23. SIGNATURE Joseph A. Jaden		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Nov. 12, 1953	
24A. BURIAL, CREMA- OR REMOVAL (Specify)		24B. DATE 11-16-53		24C. NAME OF CEMETERY OR CREMATORY Woodland	
24D. LOCATION (City, town, or county) Beth		24E. FUNERAL DIRECTOR 2906M		24F. ADDRESS 5305 Sanford Rd	



S-400

X

53 10085

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10085
Registered No.NAME OF DECEASED
(Type or Print)

Andrew Howard Solli Jr

2. DATE
OF
DEATH

11/15/53

PLACE OF DEATH:

Baltimore City, Maryland Johnson Hospital

FULL NAME OF (If not in hospital or institution, give street address or location)
OSPITAL OR
STITUTION

Union Memorial Hospital

Let of stay in Baltimore

Yrs.
Mos.
DaysSEX
M
6. COLOR OR RACE
White
7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
SingleA. USUAL OCCUPATION (Give kind of
dono during most of working life, even if retired)
child
10B. KIND OF BUSINESS OR
INDUSTRY

FATHER'S NAME

Andrew Howard Solli Sr.

WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

Feb 23 1951

9. AGE (In years
last birthday)

2

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore Maryland

12. CITIZEN OF
WHAT COUNTRY?
U. S. A.

14. MOTHER'S MAIDEN NAME

Katherine Denny

17. INFORMANT

Father, Andrew H. Solli Sr.

18. 204.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Internal Hemorrhage

11 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Thrombopenia

(C)

Acute Granulocytic Leukemia

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 14, 1953, to Nov 15, 1953, that I last saw the
deceased alive on Nov 15, 1953, and that death occurred at 12:30 m., from the causes and on the date stated above.

23A. SIGNATURE

James W. Hayes

M. D.

23B. ADDRESS

23C. DATE SIGNED

BURIAL, CREMA-
REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

RECEIVED BY
CAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

NOV 16 1953

Huntington

W. H. Redeemer Cam.

Baltimore, Md.

5305 Bayford

20 10087

RECEIVED

1933 OCT 10

2000



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5-163
53 10086

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10086

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JULIUS

SHEPPARD

2. DATE
OF
DEATH

Nov. 11, 1953

3. PLACE OF DEATH:

Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

5. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

6. STREET ADDRESS (If rural, give location)

1337 Brunt Street

7. Length of stay in Baltimore

20

Yrs.
Mos.
Days

8. SEX

Male

9. COLOR OR RACE

Colored

10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

unknown

11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

TAVERN

12. FATHER'S NAME

UNKNOWN

13. DATE OF BIRTH

12-26-1910

14. AGE (In years last birthday)

33

15. Under 1 Year Months: Days

16. Under 24 Hours Hours Min.

17. BIRTHPLACE (State or foreign country)

NORTH CAROLINA

18. CITIZEN OF WHAT COUNTRY?

19. MOTHER'S MAIDEN NAME

UNKNOWN

20. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

YES

21. V.W. # 2

22. SOCIAL SECURITY NO.

23. INFORMANT

ETHELENE FRAZIER

24. ADDRESS

1337 Brunt St

25. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary artery disease with myocardial infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive cardiovascular disease

26. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

27. INTERVAL BETWEEN ONSET AND DEATH

28. 19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

29. AUTOPSY?

YES ☒ NO ☐

30. 21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

31. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

32. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

33. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

34. 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

35. 21F. HOW DID INJURY OCCUR?

36. 22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

37. 23A. SIGNATURE

R. F. Fisher

38. 23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

39. 23C. DATE SIGNED Nov. 12, 1953

40. 24A. BURIAL, CREMATION, REMOVAL (Specify)

41. DATE RECEIVED BY LOCAL REGISTRAR

NOV 16 1953

42. 24B. DATE

11-16-53

43. 24C. NAME OF CEMETERY OR CREMATORY

BALTO NAT. CEMETERY

44. 24D. LOCATION (City, town, or county)

BALTIMORE

(State)

MD

45. REGISTRAR'S SIGNATURE

Huntington Williams

46. FUNERAL DIRECTOR

William Jackson

47. ADDRESS

916 Remond way

7546 M

53-1008753-27369

CERTIFICATE OF DEATH

NAME OF DECEASED
(Type or Print)

BABY GIRL BURGAN

2. DATE
OF
DEATH

11-15-53

PLACE OF DEATH:

Baltimore City, Maryland Univ. Hospital, Balt. 1.

4. USUAL RESIDENCE Where deceased lived. If institution: residence
A. STATE B. COUNTYFULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

University Hospital, Baltimore, MD.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

SEX
F

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

NB

8. DATE OF BIRTH

11-8-53

9. AGE (in years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.13. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

NB

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

FATHER'S NAME

Mr. Burgan

14. MOTHER'S MAIDEN NAME

Edna

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 776x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Respiratory failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Prematurity

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 11-14-53, 1953, to 11-15-53, 1953, that I last saw the
deceased alive on 11-15-53, 1953, and that death occurred at 8:5 P.m., from the causes and on the date stated above.

23A. SIGNATURE

H. V. Juma dms

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

11-15-53

A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11-15-53

24C. NAME OF CEMETERY OR CREMATORY

NEW CATHEDRAL

24D. LOCATION (City, town, or county)

Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Hollingsworth

25. FUNERAL DIRECTOR

Kennedy Inc. Hollingsworth

bi

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53 10088

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 10088

BIRTH NO.

NAME OF DECEASED
(Type or Print)

LAVINA HASTLER

2. DATE
OF
DEATH

11-13-53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)
OSPITAL OR
INSTITUTION:

Church Home + Hospital

Length of stay in Baltimore

LIFE

SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

5354

D. STREET ADDRESS (If rural, give location)

621 Franklin Avenue.

SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

5354

D. STREET ADDRESS (If rural, give location)

621 Franklin Avenue.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

HOUSEWIFE

11. FATHER'S NAME

William J. Goldsborough

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

13. SOCIAL SECURITY NO.

14. MOTHER'S MAIDEN NAME

Mary B. Hobbs

17. INFORMANT

ADDRESS

Mrs ARLENE COLE 6616 AITAE BALTIMORE

18. 201X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hodgkins Disease

DUE TO

6 MOS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-11, 1953, to 11-13, 1953 that I last saw the deceased alive on 11-13, 1953, and that death occurred at 6:05 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

John C. Collins

M. O. Church Home + Hosp

11-13-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11/17/53

Mt. Carmel Cemetery

O'Donnell St

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

John J. Connelly

Isap Md.

1088

1088

DEPT. OF AGRICULTURE

OFFICE OF THE SECRETARY

WASHINGTON, D. C.

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 10089**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LUTHER

SEAY

2. DATE
OF
DEATH

Nov. 11, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE
MERCY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN

Essex

D. STREET ADDRESS (If rural, give location)

304 Oriole Avenue

C. Month of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Apr. 4-1900

9. AGE (in years
last birthday)

53

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Checker

10B. KIND OF BUSINESS OR
INDUSTRY

Guthrie's

13. FATHER'S NAME

Albert C. Seay

11. BIRTHPLACE (State or foreign country)

Balto, Md.

12. CITIZEN OF
WHAT COUNTRY?15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Eliz C. Seay (wife) 304 Oriole Ave.

18. E983X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Fracture of skull

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Subdural hemorrhage
Fatty metamorphosis of liver

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Baltimore & Harrison Sts.

21D. TIME (Month) (Day) (Year) (Hour)

Nov. 11, 1953

1:55 A. m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Found lying in
front of Diamond Bar22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

Joseph G. Washington

M.D.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Nov. 12, 1953

24A. BURIAL/ CREMA-
TION/ REMOVAL (Specify)

Burial

24B. DATE

Nov. 16-1953

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cem.

24D. LOCATION (City, town, or county)

Balto, Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

John S. Connolly - 418 Eastern Ave.

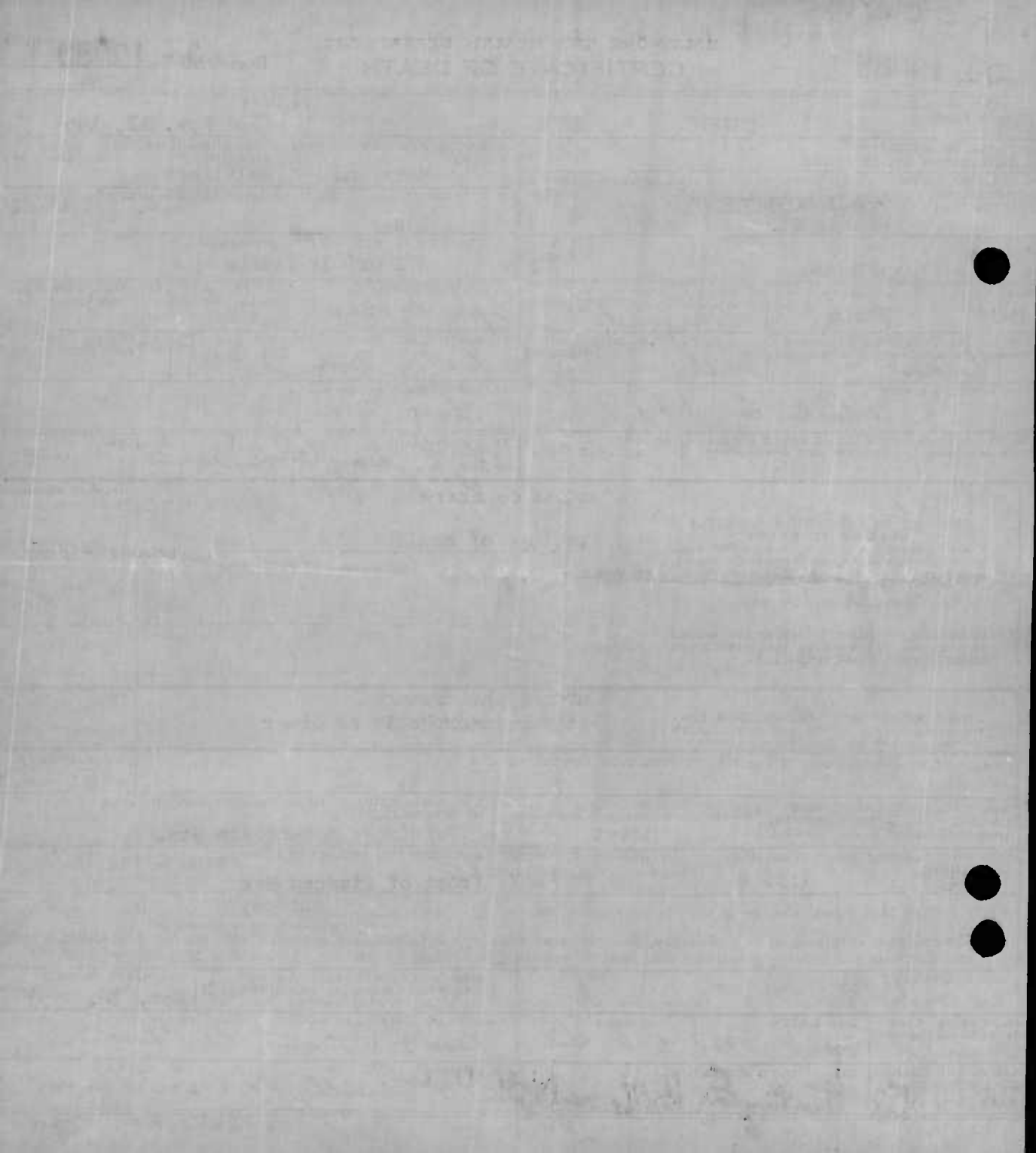
ADDRESS

Balto 21, Md.

S 151

N 803.2

39046



MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4-140
FVJ 176459
53 10090
BIRTH NO. 53 10090

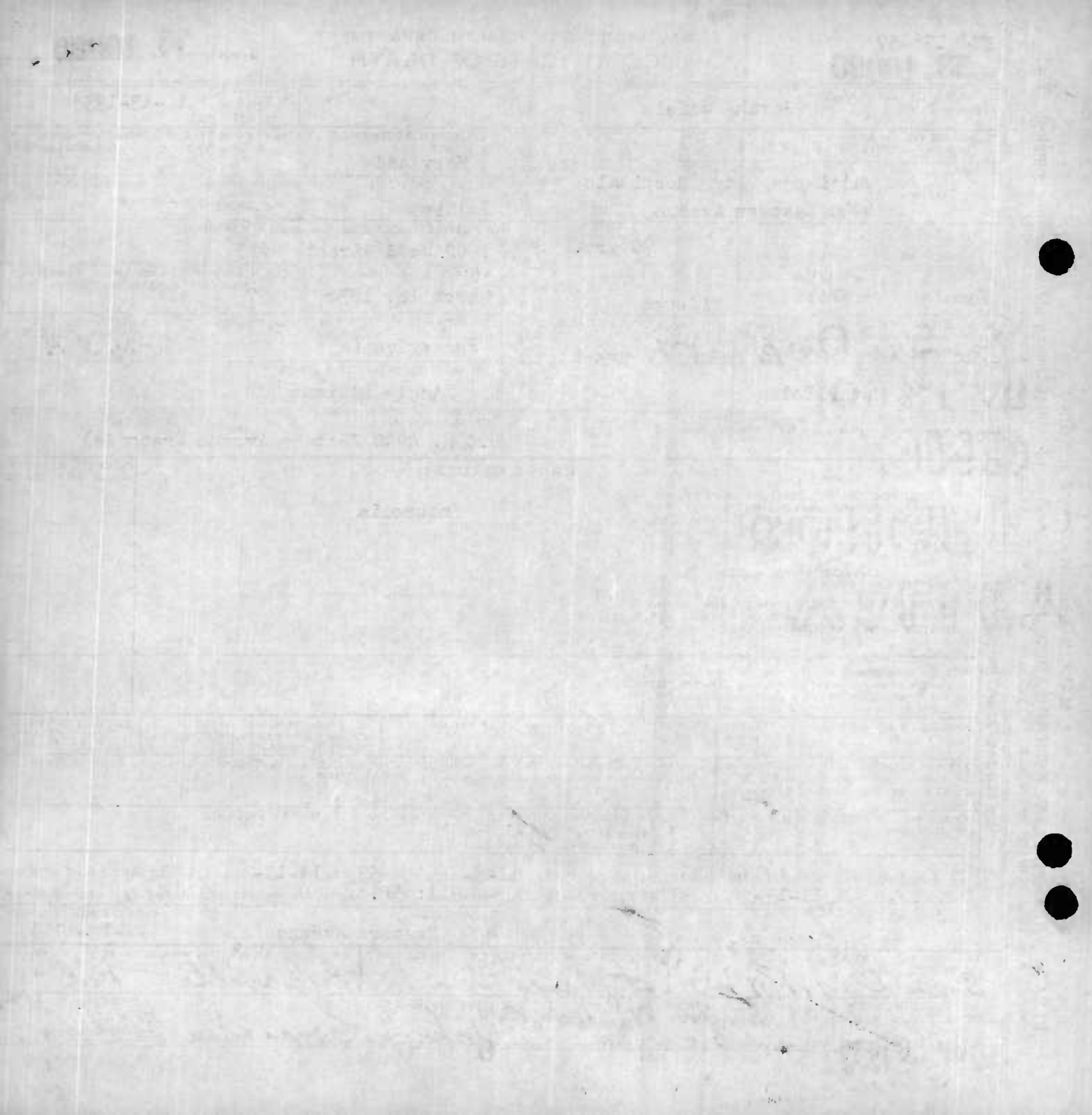
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10080

1. NAME OF DECEASED (Type or Print) Sarah Hafele		2. DATE OF DEATH 11-13-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. Length of stay in Baltimore 70 yrs.		D. STREET ADDRESS (If rural, give location) 1002 Boyd Street #23	
7. SEX Female	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	10. DATE OF BIRTH March 16, 1876
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		12. KIND OF BUSINESS OR INDUSTRY at Home	13. AGE (In years last birthday) 77
14. FATHER'S NAME Peter Dolan		15. BIRTHPLACE (State or foreign country) Pennsylvania	
16. MOTHER'S MAIDEN NAME Lizzie Ellison		17. CITIZEN OF WHAT COUNTRY? USA	
18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		19. SOCIAL SECURITY NO.	
20. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		21. INFORMANT ADDRESS B.C.H. 4940 Eastern Avenue (records)	

18. 493 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Pneumonia DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO			
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
21. DATE OF OPERATION 0		22. CONDITION FOR WHICH OPERATION WAS PERFORMED	
23. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		24. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		26. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
27. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
28. TIME (Month) (Day) (Year) (Hour) OF INJURY		29. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
30. HOW DID INJURY OCCUR?			
31. I hereby certify that I attended the deceased from 11-8-1953, to 11-13-1953, that I last saw the deceased alive on 11-13-1953, and that death occurred at 11:45 P.M., from the causes and on the date stated above.			
32. SIGNATURE H. Johnston		33. ADDRESS 4940 Eastern Avenue	
34. DATE SIGNED 11-13-1953			
35. BURIAL, CREMATION, REMOVAL (Specify) Burial		36. DATE 11/17/53	
37. NAME OF CEMETERY OR CREMATORY St Mary's Cem.		38. LOCATION (City, town, or county) (State) Pylesville Md.	
39. DATE RECEIVED BY LOCAL REGISTRAR		40. REGISTRAR'S SIGNATURE Huntington Williams	
41. FUNERAL DIRECTOR John J. Conner & Son		42. ADDRESS Hollins	

NOV 16 1953



53 10091

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10091

BIRTH NO.

NAME OF DECEASED
(Type or Print)

PLACE OF DEATH:

FULL NAME OF

HOSPITAL OR
INSTITUTION

Length of stay in Baltimore

SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

FATHER'S NAME

5. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from Nov 1, 1953, to Nov 15, 1953, that I last saw the
deceased alive on Nov 15, 1953, and that death occurred at 11 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

53 10092

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10092
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Wilmer E. Cockrell

2. DATE
OF
DEATH

Nov. 12, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Osl 2

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution; residence
A. STATE B. COUNTY

Md.

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1512 E. Lombard St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

Feb. 18, 1884

9. AGE (In years
last birthday)

69

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Labor

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY

13. FATHER'S NAME

Hiran Cockrell

14. MOTHER'S MAIDEN NAME

Lauretta Lewis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

204.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Chronic lymphatic
leukemia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHOTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

Uremia, etc.

19A. DATE OF OPERATION

0

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/11, 1953 to 11/12, 1953 that I last saw the
deceased alive on 11/12, 1953 and that death occurred at 1:45 A. M., from the causes and on the date stated above

23A. SIGNATURE

Henry H. Wagner Jr.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

Nov 12 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/16/1953

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Halslead

ADDRESS

918 Druid Hill Ave.

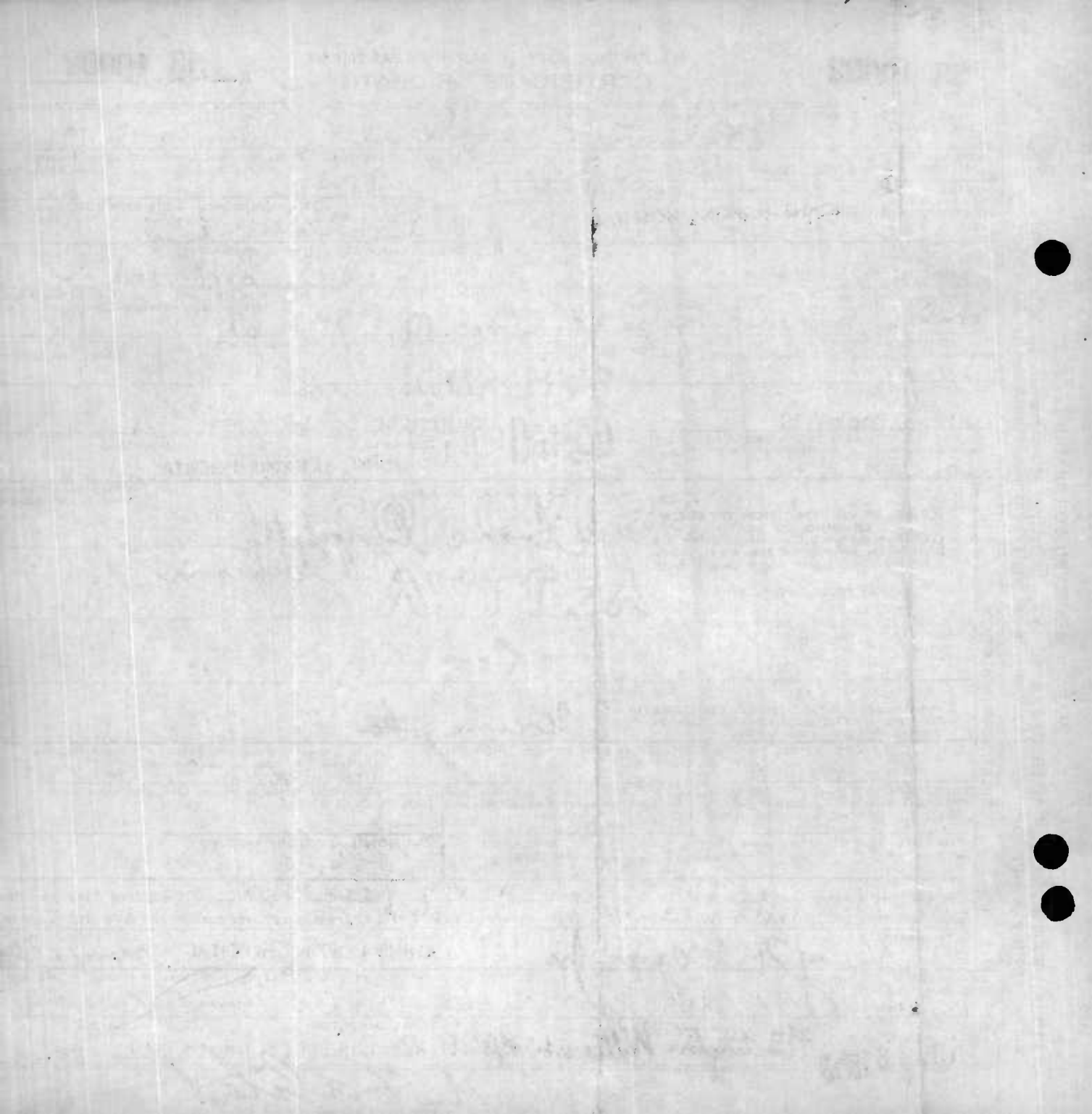
NOV 16 1953

VS 150

97099 R. H. Halstead

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



53-265
53 10093BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10093
Registered No.

IRTH NO.

NAME OF DECEASED
(Type or Print)

Mrs Margaret Biggerman

2. DATE
OF
DEATH

11-14-53

PLACE OF DEATH:
Baltimore City, MarylandFULL NAME OF (If not in hospital or institution, give street address or location)
Maryland Gen Hosp Balt. Md4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 6-09D. STREET ADDRESS (If rural, give location)
2018 Orleans St. #31

Length of stay in Baltimore

SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

Jan 23, 1902

9. AGE (in years
last birthday)

51

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. FATHER'S NAME

Edward Chaney

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

216-24-3050

17. INFORMANT

ADDRESS

Mr. Charles Biggerman 2018 Orleans Street, 31

18. 181X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma Bladder

DUE TO

Carcinomatous Hemorrhage

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

April 1953

19B. MAJOR FINDINGS OF OPERATION

CA Bladder

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-10-1953, to 11-14, 1953, that I last saw the
deceased alive on 11-14, 1953, and that death occurred at 5:40 pm., from the causes and on the date stated above.

23A. SIGNATURE

Say Donald Fisher

M. D.

23B. ADDRESS

Maryland Gen. Hosp.

23C. DATE SIGNED

11/14/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 18/53

24C. NAME OF CEMETERY OR CREMATORY

St. Matthew's Cem.

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY

NOV 16 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Philip Herwig Sons

ADDRESS

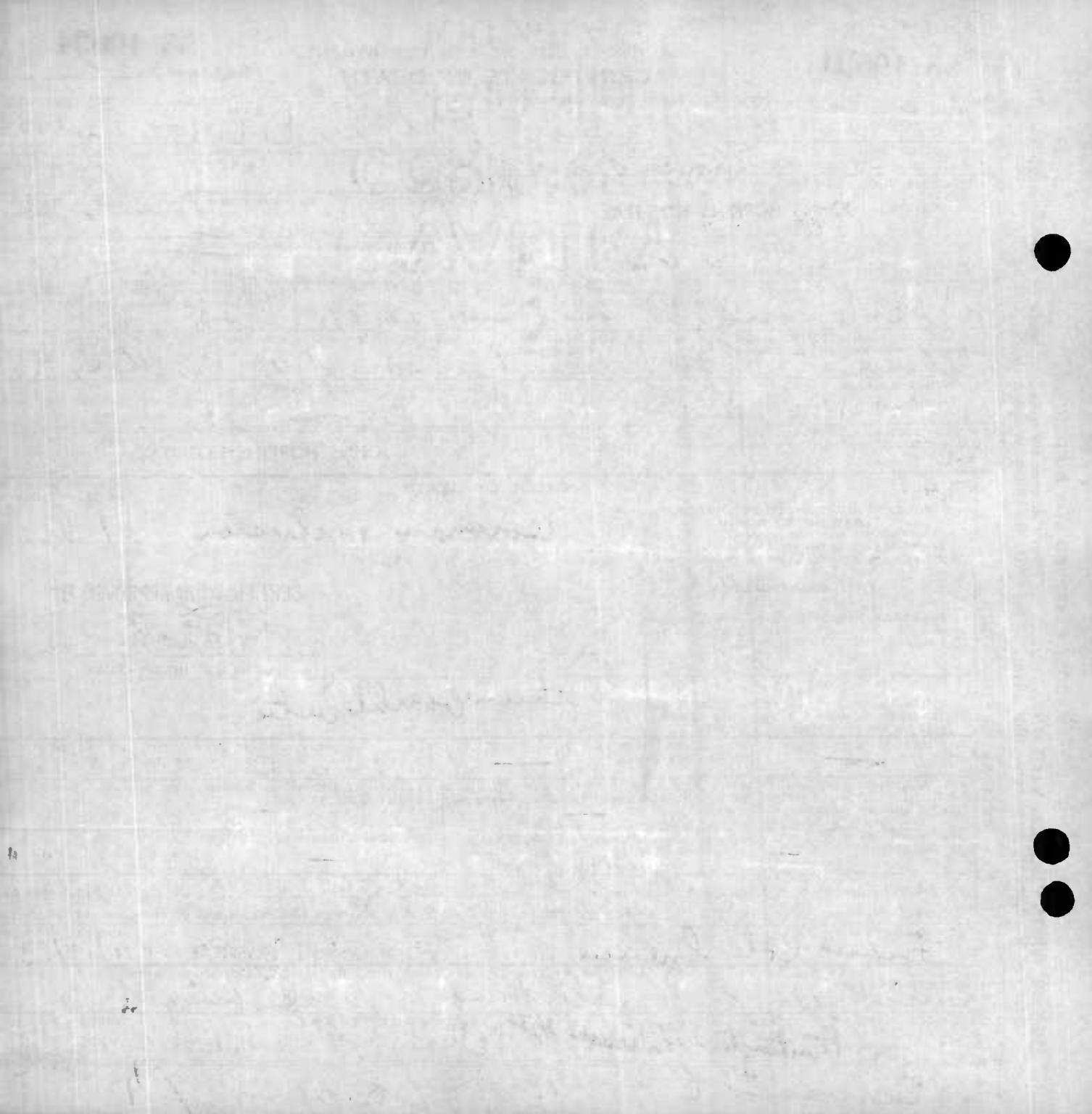
2024 Orleans St 31

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10094

Registered No.

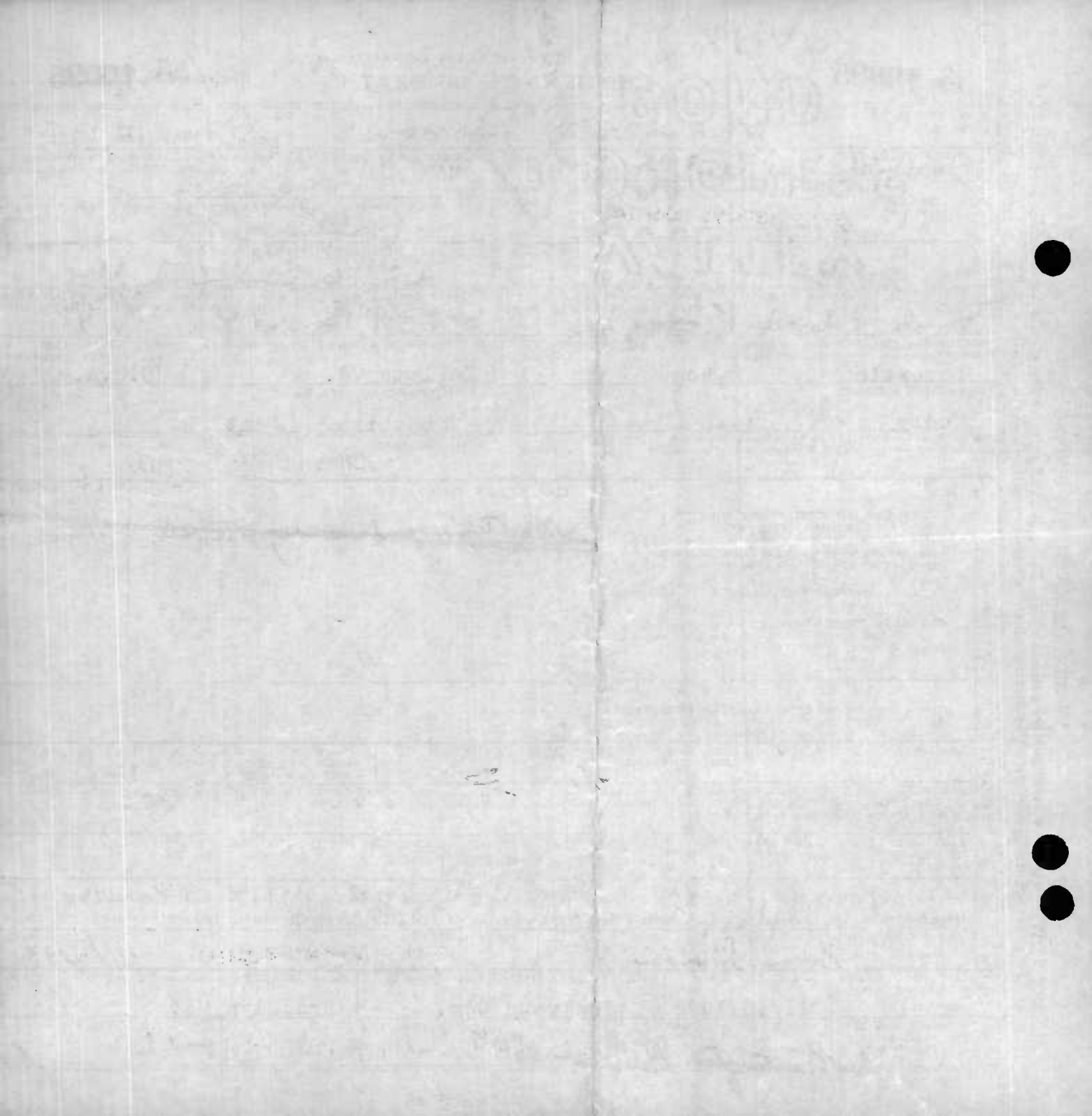
BIRTH NO. 53 10094		1. NAME OF DECEASED (Type or Print) <i>William Blair</i>		2. DATE OF DEATH <i>Nov. 13, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Emergency</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>806</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
C. Length of stay in Baltimore <i>30 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>1904 E. Laureate St</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>11-28-07</i>	9. AGE (In years last birthday) <i>45</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Labour</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Gas & Electric</i>		11. BIRTHPLACE (State or foreign country) <i>Salisbury N.C.</i>	
13. FATHER'S NAME <i>Joseph Blair</i>		14. MOTHER'S MAIDEN NAME <i>Dora P</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>464x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>coronary occlusion</i>		CAUSE OF DEATH (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>1 hr.</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		CERTIFICATION APPROVED BY <i>R. F. Fisher</i> M. D. CHIEF OR ASST. MEDICAL EXAMINER.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>thrombophlebitis</i>					
19A. DATE OF OPERATION <i>2</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11/13, 1953</i> , 19__, that I last saw the deceased alive on __, 19__, and that death occurred at <i>3:20</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Frank Cole Spencer</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>11/13/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11-18-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Salisbury</i>	
24D. LOCATION (City, town, or county) <i>Salisbury N.C.</i>					
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 16 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Ernest O. Wilson</i>	
				ADDRESS <i>1008 Brantley Ave</i>	



B-650
53 10095BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10095

1. NAME OF DECEASED (Type or Print) <i>Margaret Brown</i>			2. DATE OF DEATH <i>Nov. 14, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Cal 4</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Ind.</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore <i>36 Yrs.</i>			D. STREET ADDRESS (If rural, give location) <i>2246 Guilford Ave</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>6-23-1914</i>		9. AGE (In years last birthday) <i>39</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	11. BIRTHPLACE (State or foreign country) <i>Laplata Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Henry Brown</i>			14. MOTHER'S MAIDEN NAME <i>Josephine Dent</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		
18. <i>465X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Multiple pulmonary emboli</i> DUE TO			INTERVAL BETWEEN ONSET AND DEATH <i>4 mo</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>2</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11/19</i> 19 <i>53</i> to <i>11/14</i> 19 <i>53</i> that I last saw the deceased alive on <i>11/14</i> 19 <i>53</i> and that death occurred at <i>7:33 P.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Thomas R. Hendrix</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>11/15/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11/18/1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary Cem.</i>	
24D. LOCATION (City, town, or county) <i>Brooklyn Md.</i>					
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 16 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR'S ADDRESS <i>W. Wilson 1110 Brantley Ave</i>	



625

53 10096

IRTH NO.

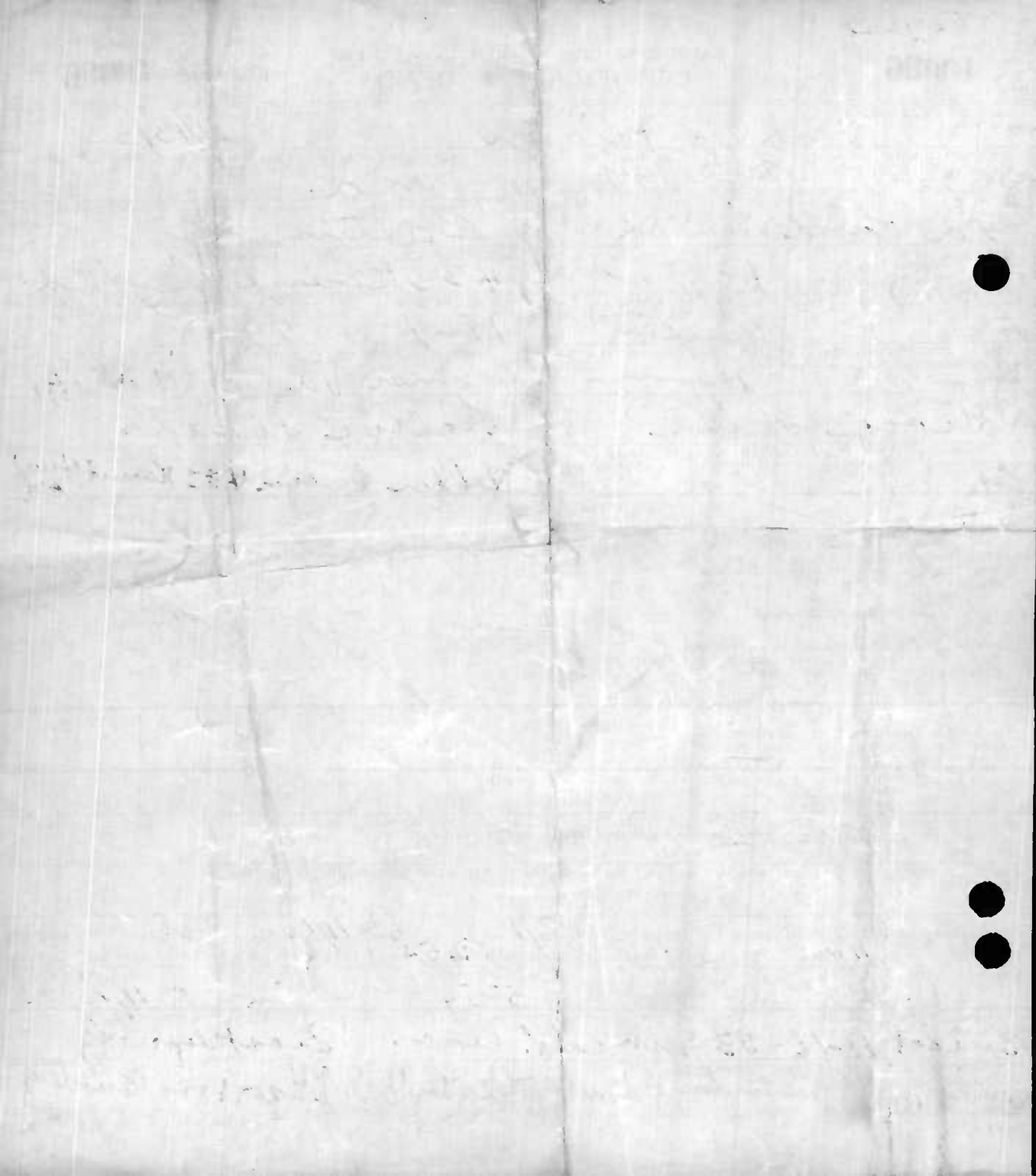
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 10096

NAME OF DECEASED (Type or Print) <i>Isabella Friason</i>			2. DATE OF DEATH <i>11/13/53</i>		
PLACE OF DEATH: Baltimore City, Maryland <i>Balto. City</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY		
FULL NAME OF (If not in hospital or institution, give street address or location) <i>433 Round View Rd</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
D. STREET ADDRESS (If rural, give location) <i>433 Round View Rd.</i>			E. DATE OF BIRTH <i>1864</i>		
F. SEX <i>F</i>			G. AGE (in years last birthday) <i>89</i>		
H. COLOR OR RACE <i>C</i>			I. UNDER 1 Year Months: Days		
J. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widow</i>			K. UNDER 24 Hours Hours: Min.		
L. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) <i>house wife</i>			M. KIND OF BUSINESS OR INDUSTRY <i>home</i>		
N. FATHER'S NAME <i>George? Wise</i>			O. BIRTHPLACE (State or foreign country) <i>Acorn, Va.</i>		
P. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>			Q. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		
R. SOCIAL SECURITY NO. <i>No</i>			S. MOTHER'S MAIDEN NAME <i>Sallie Wise</i>		
T. INFORMANT <i>Hollie Queen</i>			U. ADDRESS <i>433 Round View Rd</i>		

18. <i>422.1</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		<i>Cardiovascular Disease</i>		<i>1 yr</i>	
ANTECEDENT CAUSES		<i>Senility</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		DUE TO			

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>8/1</i> 19 <i>53</i> to <i>11/13</i> 19 <i>53</i> , that I last saw the deceased alive on <i>11/12</i> 19 <i>53</i> and that death occurred at <i>8:45 AM.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>W. Atwell Jones</i>		23B. ADDRESS <i>554 Dolphin St</i>		23C. DATE SIGNED <i>11/13/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11-16-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>mt calv. cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore md</i>		25. FUNERAL DIRECTOR <i>W. Wilson</i>			
26. DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 16 1953</i>		26. REGISTRAR'S SIGNATURE <i>Huntington Holliver</i>		26. ADDRESS <i>1100 Bunting Ave</i>	



N-432
3 10097BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10097

BIRTH NO.

NAME OF DECEASED
(Type or Print)

Jessie Agnes Waltz

2. DATE
OF
DEATH

Nov. 13, 1953

PLACE OF DEATH:

Baltimore City, Maryland Baltimore City

FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

4207 Granada Ave.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4207 Granda Avenue

Length of stay in Baltimore

50 years

SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

9. FATHER'S NAME

Unknown

10. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

William H. Waltz Jr.

18. 181X

CAUSE OF DEATH 4207 Granada Avenue

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from 11/9, 1953, to 11/13/53, 1953, that I last saw the deceased alive on 11/13, 1953, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11-17-53

Woodlawn Cemetery

Woodlawn Maryland

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

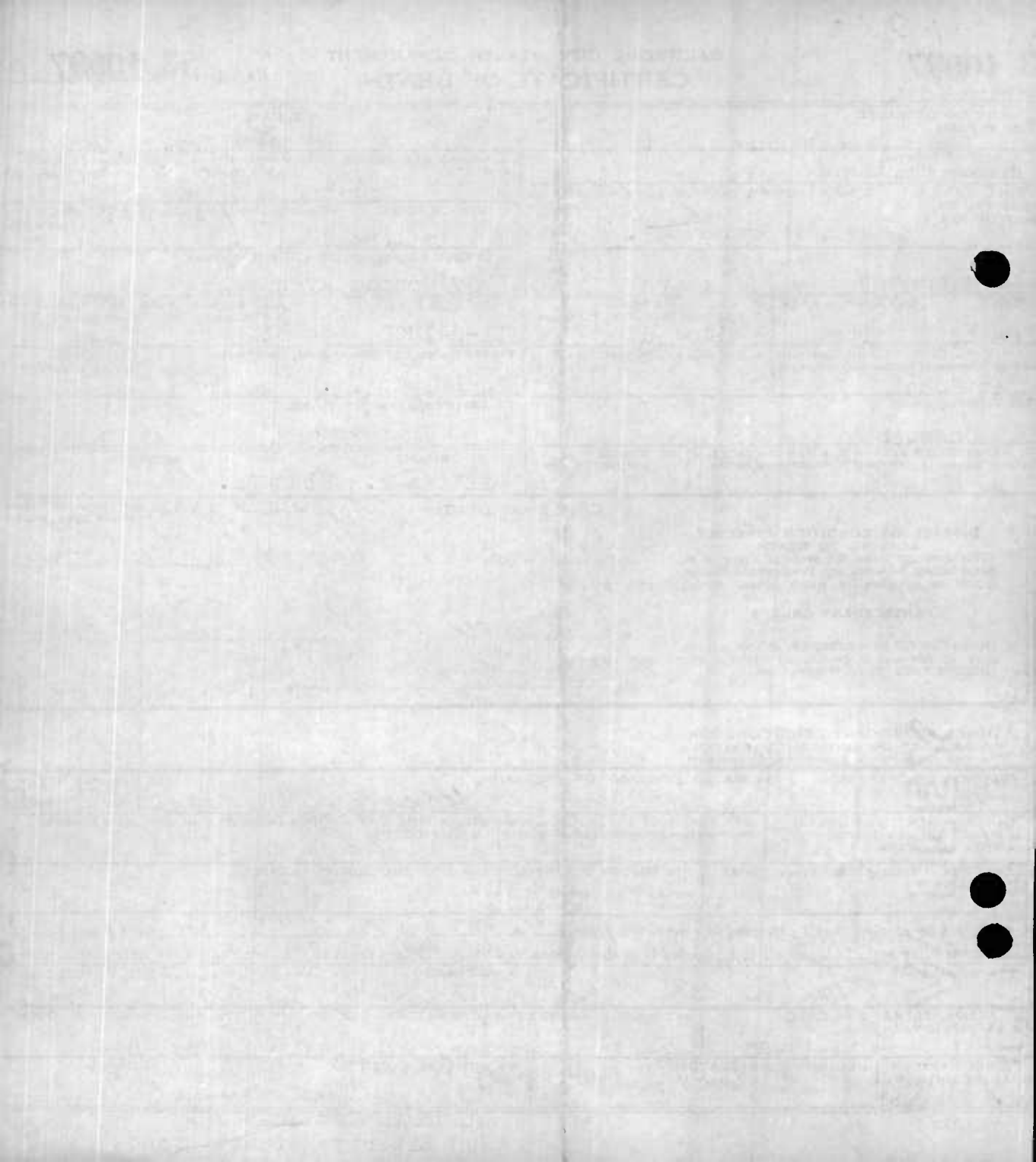
25. FUNERAL DIRECTOR

ADDRESS

NOV 16 1953

Huntington Williams

Ellsworth Armacost



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 10098**BIRTH NO. **53 10098**1. NAME OF DECEASED
(Type or Print)*Margaret E. Coyle*2. DATE
OF
DEATH*11/14/53*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*154 N. Milton Ave*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

154 N. Milton Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

*WIDOWED, DIVORCED (Specify)**Single*

8. DATE OF BIRTH

6/30/1883

9. AGE (In years last birthday)

70

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

4 14

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Seamstress

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Patrick Coyle

14. MOTHER'S MAIDEN NAME

Mary J. Hagenry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*Walter H. Coyle K of C Club*18. *609X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A)

Uremia

DUE TO

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

*Arteriosclerosis Cardiovascular disease
malnutrition
Following operation*

DUE TO

(C)

*1 mo.
3 mo.*

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Feb. 22, 1953

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

*Pyelitis repair with
fistula*

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK

NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Feb. 7, 1952* to *Nov. 14, 1953* that I last saw the deceased alive on *Nov. 14, 1953* and that death occurred at *1220 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE

Ed. Ahlberg

M. D.

23B. ADDRESS

6001 Luth. Home Bldg.

23C. DATE SIGNED

11/16/53

24A. BURIAL, CREMATION REMOVAL (Specify)

Burial

24B. DATE

11/17/53

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

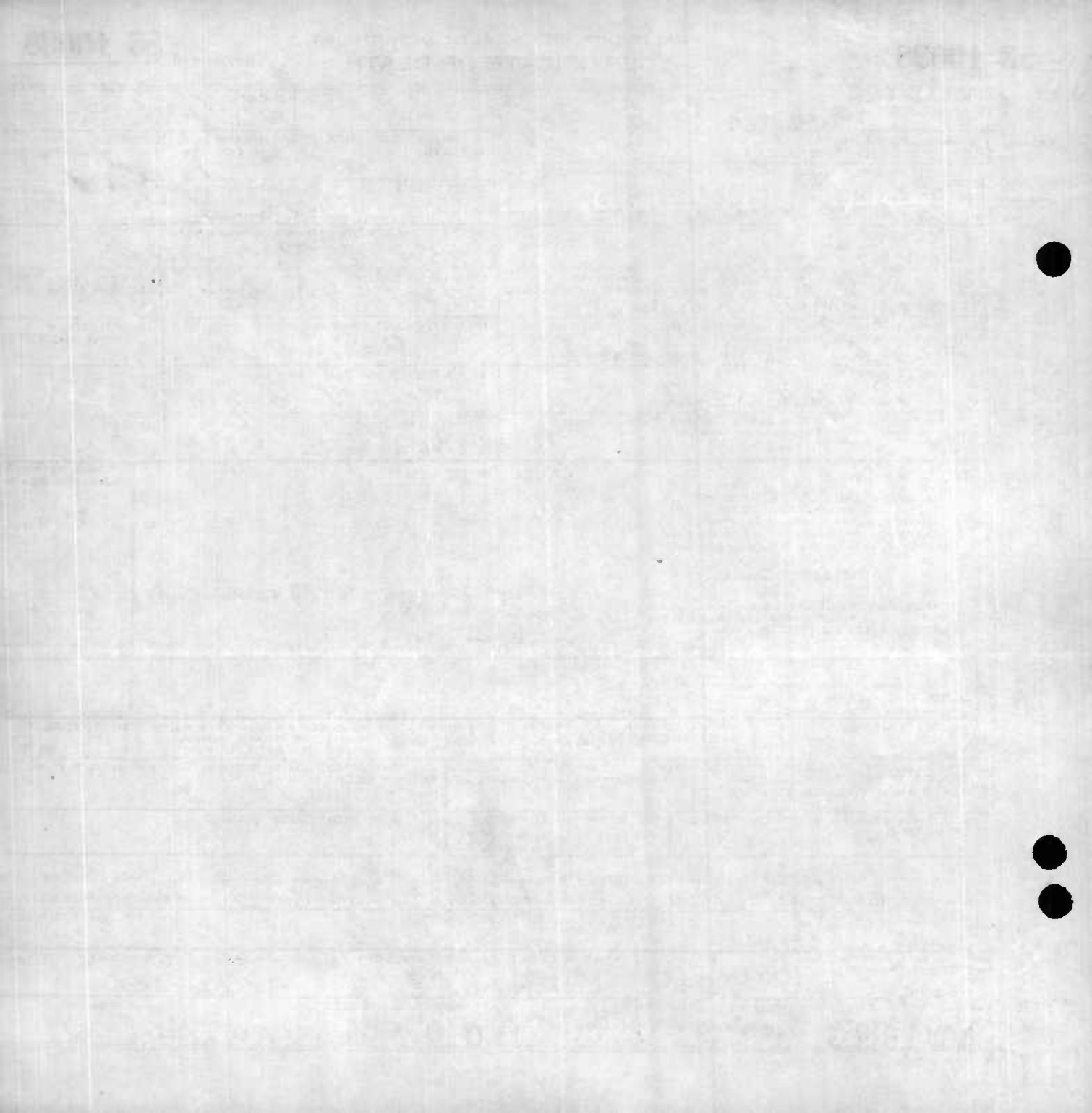
25. FUNERAL DIRECTOR

ADDRESS

*1217 St. Paul St.***NOV 16 1953**

VS 150

69046



53 10099

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10099

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		ARTHUR E. COBB		11/15/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)			
B. FULL NAME OF (not in hospital or institution, give street address or location)		A. STATE B. COUNTY			
ST. JOSEPH'S HOSPITAL		MARYLAND			
C. Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
Yrs. Mos. Days		BALTIMORE			
		D. STREET ADDRESS (If rural, give location)			
		1604 LAMONT AVENUE			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months: Days
MALE	WHITE	MARRIED	JAN. 18, 1926	27	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
GRABENAR		WESTERN MD. R.R.		BALTIMORE, MARYLAND	
13. FATHER'S NAME			12. CITIZEN OF WHAT COUNTRY?		
WILLIAM BENZAMIN COBB			U.S.A.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
YES W.W.II					
17. INFORMANT			ADDRESS		
MRS. BERTHA M. MARTIN			2728 MILES AVE		
18. E976x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO		GUNSHOT WOUND OF HEART			
ANTECEDENT CAUSES		(B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
		home		1604 LAMONT AVE	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
11 15 53 1:20 AM				SHOT himself in chest	
22. I certify that I took charge of the remains described above, held an <u>Inspection</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED	
R. B. Fisher		M.D.		11/15/53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
BURIAL		11/17/53		BALTIMORE CEMETERY WOODLAWN, MD	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
NOV 16 1953		Huntington Williams, M.D.		ADDRESS	
		William Cook Inc. 1217 St Paul St			
VS 151		N 862.2		62450	

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT



K-300
10100BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10100

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Minnie E. Roth

2. DATE
OF
DEATH

Nov. 13, 1953

3. PLACE OF DEATH:

Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3205 Kenyon Ave

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH 9. AGE (In years, last birthday) 10. BIRTHPLACE (State or foreign country) 11. CITIZEN OF WHAT COUNTRY?

12. FATHER'S NAME

Edward Voelker

13. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Mrs. Mary Moran

ADDRESS

same

18. 450.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐I hereby certify that I attended the deceased from October 16, 1953, to November 13, 1953, that I last saw the deceased alive on Nov. 5th, 1953, and that death occurred at 8 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Victor Goldberg MD

23B. ADDRESS

1916 E. 30th St

23C. DATE SIGNED

11/14/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11-17-53

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county) (State)

Balto.

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams MD

25. FUNERAL DIRECTOR

Margaret T. Blight, 6009 Gaynor Rd

ADDRESS

NOV 16 1953

BOONVILLE

CHURCH

WATKINS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10101

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Sarah Elizabeth Matthews

2. DATE
OF DEATH November 14, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1315 Homestead Street

C. CITY OR TOWN (If outside corporate limits, give RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1315 Homestead Street

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 5, 1879

9. AGE (In years last birthday)

74

If Under 1 Year Months: Days

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U S A

13. FATHER'S NAME

John C. Bowen

14. MOTHER'S MAIDEN NAME

Sarah E. Kemp

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mrs. Margaret W. Bowen 1315 Homestead St.

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Hypertension Cardiovascular disease

6 YRS.

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 20, 1953, to Nov. 14, 1953, that I last saw the deceased alive on Nov. 13, 1953, and that death occurred at 5:45 P.M., from the causes and on the date stated above

23A. SIGNATURE

Lloyd E. Sigler M.D.

23B. ADDRESS

3902 Greenmount Ave.

23C. DATE SIGNED

Nov. 16, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 17, 1953

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county) (State)

Pikesville, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Burgee Funeral Home 3631 Falls Road

Norace F. Burgee

Mr. Lloyd C. Rayford
3912 Greenwood
MS. 7-0708

53 10102

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10102

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Mrs. Martha J. Henneberger		2. DATE OF DEATH November 15, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, give street address or location) A. STATE Maryland B. COUNTY 13-08			
B. FULL NAME OF HOSPITAL OR INSTITUTION Ardleigh Nursing Home Girard and Parkdale Avenues		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore			
C. Length of stay in Baltimore 40 years		D. STREET ADDRESS (If rural, give location) 1208 Weldon Avenue			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH March 7, 1867	9. AGE (In years last birthday) 86	10. CITIZEN OF WHAT COUNTRY? U S A
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Pennsylvania	
13. FATHER'S NAME Robert C. Gow		12. CITIZEN OF WHAT COUNTRY? U S A			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Francina Thomas	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Harry C. Henneberger 1208 Weldon Avenue	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Coronary Occlusion Arteriosclerotic Cardiovascular Disease		CAUSE OF DEATH (A) Acute Coronary Occlusion (B) Arteriosclerotic Cardiovascular Disease (C) 8 YRS.		INTERVAL BETWEEN ONSET AND DEATH 1 day	
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 13, 1953 , to Nov. 15, 1953 , that I last saw the deceased alive on Nov. 14, 1953 , and that death occurred at 11 A. m. , from the causes and on the date stated above.					
23A. SIGNATURE Lloyd E. Saylor		23B. ADDRESS 3902 Greenmount		23C. DATE SIGNED Nov 16 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 18, 1953		24C. NAME OF CEMETERY OR CREMATORY Moreland Memorial Park	
24D. LOCATION (City, town, or county) Baltimore Co., Maryland		24E. FUNERAL DIRECTOR Burges Funeral Home		24F. ADDRESS 3631 Falls Road	
DATE RECEIVED BY LOCAL REGISTRAR NOV 16 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Norace F. Burgee	



F-650

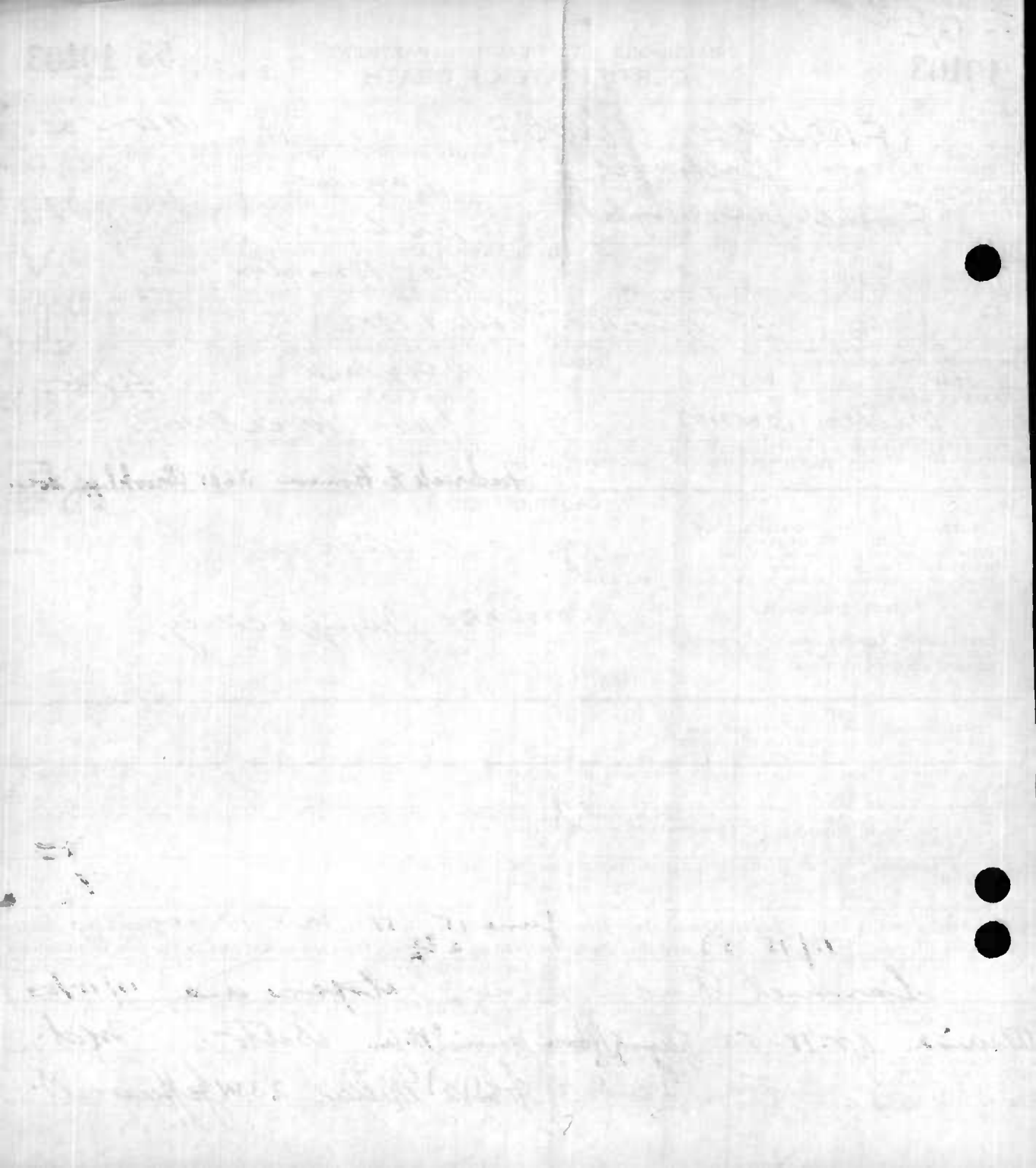
10103

FROMME

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10103

NAME OF DECEASED (Type or Print) FROMME ROSE		2. DATE OF DEATH 11/15-53	
PLACE OF DEATH: Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland. B. COUNTY	
FULL NAME OF (If not in hospital or institution, give street address or location) OSPITAL OR INSTITUTION Franklin's Square Hospital.		C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore 25-04	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3605 Brooklyn ave.	
SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married.	8. DATE OF BIRTH Feb. 1 1902.
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HW.		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 51
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Walter Burns.		14. MOTHER'S MAIDEN NAME Anna Wicallern.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Fredrick E. Fromme		ADDRESS 3605 Brooklyn Ave.	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hyp. e. r. disease.		CAUSE OF DEATH (A) Hyp. e. r. disease. DUE TO (B) Coronary Insufficiency. DUE TO (C) !	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 15, 1951 , to Mar 15, 1953 that I last saw the deceased alive on 11/15, 1953 , and that death occurred at 2:32 m., from the causes and on the date stated above.			
23A. SIGNATURE Samuel Rub M. D.		23B. ADDRESS 203 Outpost Ave	
23C. DATE SIGNED 11/15/53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov. 18-53	24C. NAME OF CEMETERY OR CREMATORY Glen Haven Memorial M. Co.	24D. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 16 1953	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR John A. Miller ADDRESS 2334 Jefferson St.	



R-200
10104BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10104

IRTH NO.

NAME OF DECEASED
(Type or Print)

JAMES DUNCAN ROSE

2. DATE
OF
DEATH

11-15-53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

UNION MEMORIAL HOSPITAL

Length of stay in Baltimore

SEX
M6. COLOR OR RACE
W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
MARRIEDYrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE
MARYLAND

B. COUNTY

BALTIMORE

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE 23

D. STREET ADDRESS (If rural, give location)

1400 W. LEXINGTON ST.

A. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired)

HUNKERMAN Manager

10B. KIND OF BUSINESS OR INDUSTRY

Country Club of Md.

11. BIRTHPLACE (State or foreign country)

BALTIMORE, Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

FATHER'S NAME

MYRON ROSE

14. MOTHER'S MAIDEN NAME

MARIAC STEVENSON

WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

UNKNOWN

16. SOCIAL SECURITY NO.

—

17. INFORMANT

ADDRESS

PATIENT

18. 422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) PULMONARY EDEMA

12 HRS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ACUTE CONGESTIVE FAILURE

12 HRS.

(C) ASCVD

25 YRS.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

BENIGN PROSTATIC HYPERTROPHY 5 MOS.

19A. DATE OF OPERATION

10-24-53

19B. MAJOR FINDINGS OF OPERATION

BENIGN PROSTATIC HYPER TROPHY

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) (Minute)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐

I hereby certify that I attended the deceased from 9-23, 1953 to 11-15, 1953 that I last saw the deceased alive on 11-15, 1953, and that death occurred at 9:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Stephen J. Galla

23B. ADDRESS

M. D.

UNION MEMORIAL HOSP

23C. DATE SIGNED

11-15-53

24. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/17/53

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

RECEIVED BY

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Wm. J. P. P. & Sons

ADDRESS

Balt. 17, Md.

MARGIN RESERVED FOR BINDING

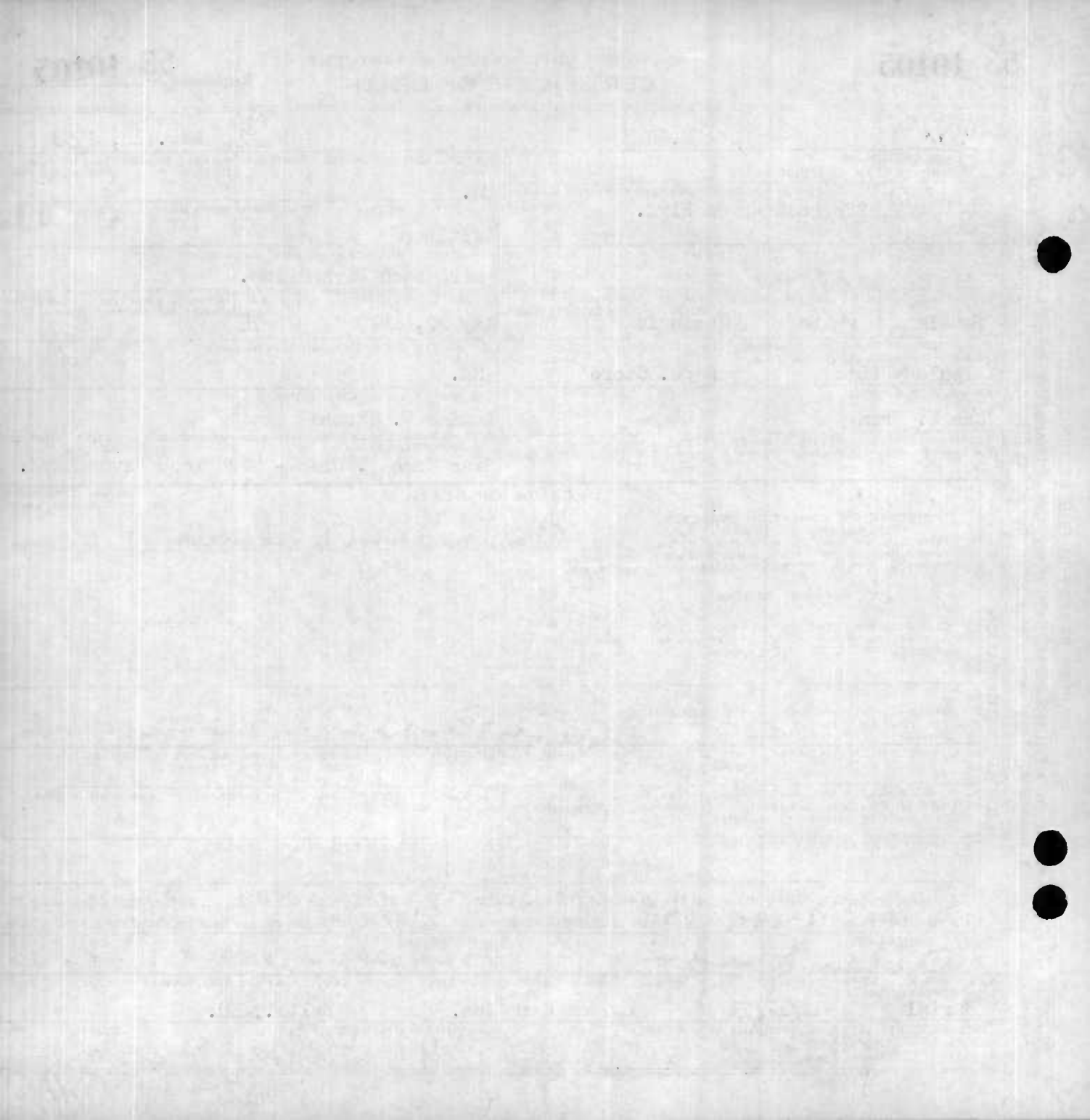
PLEASE WRITE CAREFULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0-650
53 10105

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10105

BIRTH NO.			
1. NAME OF DECEASED (Type or Print) CORA M. OREM			2. DATE OF DEATH Nov. 14, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4228 Loch Raven Blvd.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 4228 Loch Raven Blvd.	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH May 22, 1879
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleslady (Rtd)		10B. KIND OF BUSINESS OR INDUSTRY Dept. Store	9. AGE (In years last birthday) 74
13. FATHER'S NAME John T. Orem		11. BIRTHPLACE (State or foreign country) Md.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Louisa W. Thomas	
17. INFORMANT Miss Erma T. Orem - 4228 Loch Raven Blvd.		ADDRESS	
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CORONARY OCCLUSION DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) (C)			INTERVAL BETWEEN ONSET AND DEATH 3 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Acute Respiratory Infection 2 weeks			
19A. DATE OF OPERATION O		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct. 20, 1953 to Nov. 14, 1953 that I last saw the deceased alive on 11-14-1953 and that death occurred at 8:30 p.m., from the causes and on the date stated above.			
23A. SIGNATURE Arthur K. [Signature]		23B. ADDRESS 1532 Hammond Rd. M. D.	
23C. DATE SIGNED 11-16-53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/17/53	
24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.		24D. LOCATION (City, town, or county) (State) Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 16 1953		REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR'S ADDRESS [Signature] 4906C		[Signature] Balto. 17, Md.	



53 10106

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10106

BIRTH NO.			
1. NAME OF DECEASED (Type or Print) MARY E. SAPP.			2. DATE OF DEATH NOV 15, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2731 N. HOWARD ST.		C. CITY OR TOWN (If outside corporate limits, write FULL and give township) BALTIMORE 12-06	
c. Length of stay in Baltimore LIFE		D. STREET ADDRESS (If rural, give location) 2731 N. HOWARD ST.	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH DEC 23, 1869
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK.		10B. KIND OF BUSINESS OR INDUSTRY -	9. AGE (In years last birthday) 83
13. FATHER'S NAME WM O. SAPP		11. BIRTHPLACE (State or foreign country) MARYLAND.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? U.S.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME MARY I. BOONE.	
17. INFORMANT MILTON W. SAPP - 2731 N. HOWARD		ADDRESS ST.	
18. 420.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Myocarditis DUE TO INTERVAL BETWEEN ONSET AND DEATH 3 months			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Coronary Artery Disease. DUE TO 3 months			
II OTHER SIGNIFICANT CONOITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.			
19A. DATE OF OPERATION None - 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21F. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from Jan. 4, 1953 , to Nov. 15, 1953 , that I last saw the deceased alive on Nov. 15, 1953 , and that death occurred at 2:15 m., from the causes and on the date stated above.			
23A. SIGNATURE Frank H. O'Brien		23B. ADDRESS 2701 N. Calvert St.	
23C. DATE SIGNED Nov. 16, 53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov 18/53	
24C. NAME OF CEMETERY OR CREMATORY Woodlawn		24D. LOCATION (City, town, or county) (State) Woodlawn, Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 16 1953		25. FUNERAL DIRECTOR Huntington Williams, 3818 Roland Ave	

2701 Colman

53
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE AMENDED 11/24/53 ES

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10107

5-361 10107 BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Bertha Satterfield</i>		2. DATE OF DEATH <i>Nov. 15-1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Osler 70</i>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
c. Length of stay in Baltimore <i>1939</i>		D. STREET ADDRESS (If rural, give location) <i>1516 E. Eager St</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>5-14-97</i>	9. AGE (In years last birthday) <i>66</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Rochester N. C.</i>	
13. FATHER'S NAME <i>James Brooke</i>		14. MOTHER'S MAIDEN NAME <i>Hattie O. Bryant</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>002X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Miliary tuberculosis</i> DUE TO <i>Disseminated tuberculosis - lungs, bones, spleen, etc.</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>6 mos</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>2</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <i>No</i>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11-13-53</i> to <i>11-15-53</i> , that I last saw the deceased alive on <i>11-15-53</i> , and that death occurred at <i>6 P.M.</i> , from the causes and on the date stated above					
23A. SIGNATURE <i>Edward Alexander, Jr. M. D.</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>15 Nov. 1953</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24B. DATE <i>Nov. 18/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Burials N. Carolina</i>	
24D. LOCATION (City, town, or county) <i>Baltimore</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, Jr.</i>		ADDRESS <i>1129 N. Carolina St.</i>	

Certificate amended by Dr. Alexander, Osler 7, JHH
report on CD Report Card # 01243 dated 11/17/53
filed in Bureau of Tuberculosis, BCHD.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Med. Exam. Case
M-200

P.M. yes

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10108

BIRTH NO. 53 10108		1. NAME OF DECEASED (Type or Print) Gilbert Mickey		2. DATE OF DEATH NOV 13 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland Emergency Room		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 953 N. Wolfe St			
5. SEX male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3-12-1918	9. AGE (If years, last birthday) 35	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore Md	
13. FATHER'S NAME Robert Mickey		14. MOTHER'S MAIDEN NAME Anna Ford			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. World War 2		17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL	
18. 241X		CAUSE OF DEATH Asthma			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) DUE TO			
ANTECEDENT CAUSES		(B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 7		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-13-1953 , to 11-13-1953 , that I last saw the deceased alive on 11-13-1953 , and that death occurred at 11:30 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE M. O. Brown		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED Nov 14, 53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov 19/53		24C. NAME OF CEMETERY OR CREMATORY Baltimore National Cemetery	
DATE RECEIVED BY LOCAL REGISTRAR NOV 16 1953		REGISTRAR'S SIGNATURE Washington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS 1124 N. C. Adams St	

NOT A MEDICAL EXAMINER'S CASE

R. H. Fisher

M.D.

CHIEF OR ASST. MEDICAL EXAMINER

Mickey

Gilbert

BRITAIN

22 N. Wolfe St

Male Colored

Robert M. King

M. O. King

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 10109****53 10109**

1. NAME OF DECEASED (Type or Print) HARRY STANLEY ALSTON		2. DATE OF DEATH 11/14/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY 8-05	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1808 N. Bond St.	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept 13, 1929
10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Labourer		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 24
13. FATHER'S NAME Harrison Alston		11. BIRTHPLACE (State or foreign country) Baltimore	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service) World War II		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Elizabeth Watson	
17. INFORMANT Harrison Alston		ADDRESS 1808 N. Bond St.	

18. E981X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) GUNSHOT WOUND OF BRAIN			
DUE TO					
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) house		21C. WHERE DID INJURY OCCUR? 215 Homewood Avenue	
21D. TIME (Month) (Day) (Year) (Hour) Nov. 14, 1953 1:30 A.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Shot during altercation	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. F. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 11-14-53	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 19/53		24C. NAME OF CEMETERY OR CREMATORY Bald National Cem. Frederick	
24D. LOCATION (City, town, or county) Md.		25. FUNERAL DIRECTOR Wm. G. Ellard & Sons			
DATE RECEIVED BY LOCAL REGISTRAR NOV 15 1953		REGISTRAR'S SIGNATURE Huntington Williams			
VS 151 N 803.4		97099		1124 N. Caroline St	

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 10110

53 10110 BIRTH NO. 5-536

1. NAME OF DECEASED (Type or Print) <u>Sanderson, Atwood</u>		2. DATE OF DEATH <u>11-15-53</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <u>Virginia</u> B. COUNTY <u>V-43</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mercy Hospital</u>		C. CITY OR TOWN <u>Lynchburg</u>	
c. Length of stay in Baltimore <u>37</u> Yrs. <u>Just Arrived</u> Mos. Days		D. STREET ADDRESS (If rural, give location) <u>Rt 1 Box 45</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>1921</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>machinist</u>		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <u>Albert Sanderson</u>		11. BIRTHPLACE (State or foreign country) <u>Lynchburg, Va.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO.	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		14. MOTHER'S MAIDEN NAME <u>Annd Guill</u>	
17. INFORMANT <u>Mercy Hospital</u>		ADDRESS	

1B. <u>540.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <u>Peripheral Vascular Collapse</u> DUE TO <u>Delirium Tremors</u>	INTERVAL BETWEEN ONSET AND DEATH <u>30 hrs.</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <u>Acute Pancreatitis</u> DUE TO	<u>36 hrs.</u>
	(C) <u>Chronic Peptic Ulcer Perforation into Pancreas</u>	<u>40 hrs.</u>

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <u>11-15-53</u>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>11-15-53</u> , 19 <u>53</u> , to <u>11-16</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>11-15</u> , 19 <u>53</u> , and that death occurred at <u>11:15</u> p. m., from the causes and on the date stated above.			
23A. SIGNATURE <u>Leonard H. Flay</u>	23B. ADDRESS <u>Mercy Hospital</u>	23C. DATE SIGNED <u>11-15-53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>Nov 18-53</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Spring Hill</u>	24D. LOCATION (City, town, or county) (State) <u>Lynchburg Va</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>NOV 16 1953</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams</u>	FUNERAL DIRECTOR <u>W. O. Keller</u> ADDRESS <u>403 S. Wolfe St</u>	

[Faint, illegible text, likely bleed-through from the reverse side of the page]



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 10111**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Davida Josephine Slagle		2. DATE OF DEATH Nov. 15, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland Warrington Apts.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, state RURAL and give township) Baltimore,	
C. Length of stay in Baltimore life		D. STREET ADDRESS (If rural, give location) Warrington Apts. N. Charles St.	
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH April 5, 1894
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) Months Days Hours Min. 59
13. FATHER'S NAME Divid W. Slagle		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Katy Lilly	
17. INFORMANT		ADDRESS Miss Joy Young Ambassador Apts.	

18. 331X	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Cerebral Aneurysmage DUE TO Cerebral attack - Sept 30 - 1953	Sept 30 - 53
ANTECEDENT CAUSES	(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	

 II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Sept 30**, 1953 to **Nov 15**, 1953 that I last saw the deceased alive on **Nov 8**, 1953, and that death occurred at **?** m., from the causes and on the date stated above.

23A. SIGNATURE Walter A. Baetjer	23B. ADDRESS 1101 St. Paul St.	23C. DATE SIGNED Nov 16/53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov. 18, 1953	24C. NAME OF CEMETERY OR CREMATORY Green Mount
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. LOCATION (State) Md.

DATE RECEIVED BY LOCAL REGISTRAR NOV 16 1953	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Dr. Baetjer	ADDRESS 1900 Eutaw Place
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11/01/82

11/01/82



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 10112**

BIRTH NO.

 1. NAME OF DECEASED
(Type or Print)

MARGUERITE HALL COE

 2. DATE OF DEATH **Nov. 13, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

before admission)

Md.
Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Miss Gaddis' Nursing Home
218 Ridgewood Road

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Riderwood.

D. STREET ADDRESS (If rural, give location)

5300

E. Length of stay in Baltimore

2 yrs.

 Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

March 13, 1874

9. AGE (in years last birthday)

79

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Bannister Hall

14. MOTHER'S MAIDEN NAME

Louisa Dorsey Polk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Ward B. Coe Jr. Owungs Mills, Md.

18.

450.0

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

CAUSE OF DEATH

Intestinal Obstruction

INTERVAL BETWEEN ONSET AND DEATH

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Parkinson's Disease
12 years
Generalized Arteriosclerosis
15 yrs

(C)

Age - malnutrition - debility

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

 YES ☐ NO ☐

 21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

WORK

NOT WHILE

AT WORK

21F. HOW DID INJURY OCCUR?

 22. I hereby certify that I attended the deceased from **1937** to **November 13, 1953** that I last saw the deceased alive on **11/13/53**, and that death occurred at **10 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

Miss Gaddis

23B. ADDRESS

18 E. Eager St.

23C. DATE SIGNED

11/15/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11 - 16 - 53

24C. NAME OF CEMETERY OR CREMATORY

Lorraine

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

NOV 16 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

John O. Mitchell & Sons, Inc. - 1900 Eutaw Place

ADDRESS

1. The first part of the document
 is a list of the names of the
 persons who were present at the
 meeting. The names are listed in
 alphabetical order.

2. The second part of the document
 is a list of the names of the
 persons who were absent from the
 meeting. The names are listed in
 alphabetical order.

3. The third part of the document
 is a list of the names of the
 persons who were present at the
 meeting. The names are listed in
 alphabetical order.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10113

P-200
10113
BIRTH NO.

1. NAME OF DECEASED (Type or Print) ERNEST E. PEASE			2. DATE OF DEATH 11/14/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY D-06		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2758 Kinsey Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City		
c. Length of stay in Baltimore LIFE			D. STREET ADDRESS (If rural, give location) 2758 KINSEY AVE.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan 31-1879	9. AGE (in years last birthday) 74	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter			10B. KIND OF BUSINESS OR INDUSTRY Self-Employed		
11. BIRTHPLACE (State or foreign country) Baltimore Md.			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Francis N. Pease			14. MOTHER'S MAIDEN NAME Elizabeth Rodemeyer		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No.			16. SOCIAL SECURITY NO. None		
17. INFORMANT Margaret A. Kerns			ADDRESS 1709 Park Ave. Baltimore Md.		
18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Myocardial Insufficiency DUE TO (B) ARTERIO SCLEROTIC HEART DISEASE DUE TO (C) _____					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. B. Wippert		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 11/14/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov-17-53		24C. NAME OF CEMETERY OR CREMATORY London Park Cem. Balto. Md.	
24D. LOCATION (City, town, or county) (State) Balto. Md.		25. FUNERAL DIRECTOR J. B. Wippert & Son		ADDRESS 1300 Eutaw Place 17	



- 521

10114

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10114

1. NAME OF DECEASED (Type or Print) HAROLD MALLER LANG FELD		2. DATE OF DEATH NOV. 15, 1953	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY Baltimore	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) WILLIAM MEMORIAL HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) TOWSON, #4 5355	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 607 HORN WEST ROAD	
7. SEX MALE	8. COLOR OR RACE WHITE	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	10. DATE OF BIRTH 1905 JAN 5, 1905
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RUSSMAN	12. KIND OF BUSINESS OR INDUSTRY Business Machines	13. AGE (in years last birthday) 48	14. Under 1 Year Months: Days
15. FATHER'S NAME ERED LANG FELD		16. CITIZEN OF WHAT COUNTRY? USA	
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) NO		18. SOCIAL SECURITY NO. 2	
19. MOTHER'S MAIDEN NAME BERTHA MALLER		20. INFORMANT ADDRESS HOSPITAL RECORDS	

18. 331X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) CEREBRAL HEMORRHAGE			
ANTECEDENT CAUSES		(B) ESSENTIAL HYPERTENSION			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 11		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK AT <input type="checkbox"/> WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Nov. 14, 1953**, to **Nov 15, 1953**, that I last saw the deceased alive on **Nov. 15, 1953**, and that death occurred at **2:45** m., from the causes and on the date stated above.

23A. SIGNATURE Robert I. Flaccio		23B. ADDRESS Unknowm Street Hager		23C. DATE SIGNED NOV 15 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE NOV. 18, 1953		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	
24D. LOCATION (City, town, or county) Parkville, Md.		25. FUNERAL DIRECTOR John B. B. Sons, Towson, Md.		ADDRESS	
26. RECEIVED BY VS 161953		REGISTRAR'S SIGNATURE Wilmington, Md.		27. VS 161953	

49065

BLIND

RECEIVED

BLIND



53 10115

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10115

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

4302 MAINFIELD AVE

C. Length of stay in Baltimore

5 mo.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWER

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

GLASS BLOWER

10B. KIND OF BUSINESS OR INDUSTRY

GLASS INDUSTRY

13. FATHER'S NAME

MICHAEL SCHENCK

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.
233-26-8696

2. DATE OF DEATH

11/16/53.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

8. DATE OF BIRTH

Dec 12 1871

9. AGE (In years last birthday)

82

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Alscace, France

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Clare Sullivan

17. INFORMANT

Daughter

18. 422.1 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

Complete Heart Block. ?

Partial Heart Block 2 days 4 Mo.

(C)

Arteriosclerotic Cardiovascular Disease with Right heart failure.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 12, 1953, to Nov 16, 1953, that I last saw the deceased alive on Nov 16, 1953, and that death occurred at 9 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Frank G. Kasik

23B. ADDRESS

1005 Bedford Rd

23C. DATE SIGNED

11/16/53.

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

11/19/53

24C. NAME OF CEMETERY OR CREMATORY

EAST OAK GROVE CEM

24D. LOCATION (City, town, or county)

MORGANTOWN W. VA.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

118 W. Mt. Royal Ave

ADDRESS

VS 150

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1918



A-225
53 10116BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10116

BIRTH NO.

NAME OF DECEASED
(Type or Print)

Emma Cecelia Ashcom

2. DATE
OF
DEATH 11/15/53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or

HOSPITAL OR INSTITUTION Park Hill Nursing Home location)

1802 Eutaw St.

Length of stay in Baltimore

Yrs.
Mos.
DaysSEX
F6. COLOR OR RACE
W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Separated8. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)
Housewife10B. KIND OF BUSINESS OR
INDUSTRY
Home

9. FATHER'S NAME

Jacob Carroll

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)
-- --16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

22-01

D. STREET ADDRESS (If rural, give location)

110 E. Montgomery St.

5. DATE OF BIRTH

Feb. 16, 1922

9. AGE (in years
last birthday)

81

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Jemima Gorsuch

17. INFORMANT

ADDRESS gomery

Miss Dorothy Sparenburg 19 E. Mont/

18. 174X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)
DUE TO

Carcinoma Uterus.

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Myocarditis. Hypertension.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from July 10, 1953, to 11/15, 1953, that I last saw the
deceased alive on 11/13, 1953, and that death occurred at 8:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

11/18/53

Cedar Hill Cem.

Ritchie Hgwy.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OV 171953

Huntington Williams, M.D.

John F. Denny, Inc. 715 Light St.

1337 S China

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 10117

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)STONEWALL Parker2. DATE
OF
DEATHNOV 16 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Ostler - 24. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION JOHNS HOPKINS HOSPITALC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)Balto.15-02

c. Length of stay in Baltimore

30 yrsYrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1810 N. Appleton St.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED. (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

noJOHNS HOPKINS HOSPITAL18. 163X and 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)Carcinoma of lung

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.Pulmonary tuberculosis

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 11-12-, 1953 to 11-16-, 1953, that I last saw the
deceased alive on 11-16-, 1953, and that death occurred at 1 A m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA
TION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 17 1953Huntington WilliamsElson 1000 Brantley

Frank

2nd

1910

1910 N. H. H. H. H. H.

23

23

1910 N. H. H. H. H.

1910 N. H. H. H. H.

CB 2565

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10118

53 10118

BIRTH NO.

1. NAME OF DECEASED (Type or Print) FANNIE SCHLOSS		2. DATE OF DEATH 11-16-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland 4613 Park Hgts Ave		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Mt Sinai Home		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-19	
D. STREET ADDRESS (If rural, give location) 3905 Chatham Road		5. LENGTH OF STAY IN BALTIMORE 60 Yrs. 46 Mos. Days	
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 59
9. AGE (In years last birthday) 59		10. UNDER 1 Year Months: Days	11. UNDER 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Mendel Saperstein		14. MOTHER'S MAIDEN NAME Bessie	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Harry Schloss - Same		ADDRESS	
18. 174X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Ca of the uterus		INTERVAL BETWEEN ONSET AND DEATH 3 yrs	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. with metastasis to the brain			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/5/50 to 11/16 , 19 53 , that I last saw the deceased alive on 330 PM 11/53 and that death occurred at 330 PM , from the causes and on the date stated above.			
23A. SIGNATURE Blum, Samuel		23B. ADDRESS 2031 Eritane Pl.	
23C. DATE SIGNED 11/16/53		23D. NAME OF CEMETERY OR CREMATORY Southern Ave	
23E. LOCATION (City, town, or county) (State) Balto Md		23F. FUNERAL DIRECTOR Huntington Williams	
23G. ADDRESS 2100 Eritane Pl		23H. DATE RECEIVED BY LOCAL REGISTRAR NOV 17 1953	
23I. REGISTRAR'S SIGNATURE Huntington Williams		23J. VS 150	

21401 21401

HTABU 90 STADOT 1400

01101 01

53 10119

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10119
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John W. Randall

2. DATE
OF
DEATH

11/13/1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 302 N. Carey St

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

17-01

D. STREET ADDRESS (If rural, give location)

302 N. Carey St.

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 1888

9. AGE (In years last birthday)

65 yrs

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Wm. W. Randall

14. MOTHER'S MAIDEN NAME

Harriett Hawkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

Bessie D. Randall. 302 N. Carey St

18. 442X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Cerebral Anoxia
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Hypertension in Cardiac
DUE TO

(C) Vascular Cerebral Disease

INTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-31, 1952, to 11-13, 1953, that I last saw the deceased alive on 11-13, 1953, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. E. E. E.

23B. ADDRESS

803 W. Fremont St. Baltimore

23C. DATE SIGNED

11-16-53

24A. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

24B. DATE

11/17/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 17 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

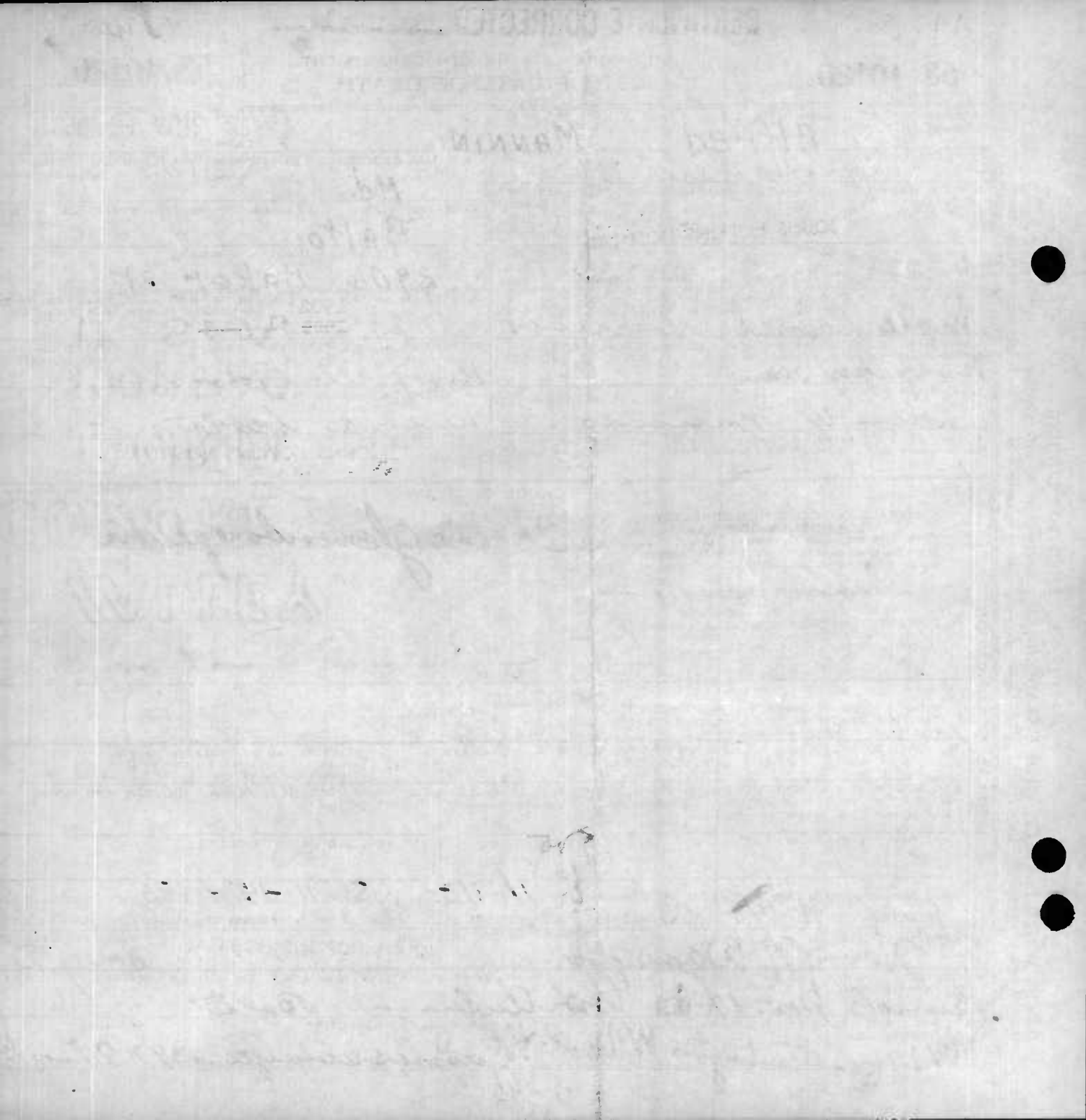
James A. Hayes

ADDRESS

638 N. Indiana

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]

M. 55		CERTIFICATE CORRECTED		P.M. yes	
53 10120		BALTIMORE CITY HEALTH DEPARTMENT		53 10120	
BIRTH NO.		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print)		Alfred MANNING		2. DATE OF DEATH NOV 14 1953	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.		B. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		c. CITY OR TOWN Balto.		15-06	
c. Length of stay in Baltimore 25 yrs		d. STREET ADDRESS (If rural, give location) 2906 Baker St			
5. SEX male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1-26-01	9. AGE (In years last birthday) 51	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Newspaper man		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Knoxville, Tenn.	
13. FATHER'S NAME John W. Manning		14. MOTHER'S MAIDEN NAME Lemora Scott		12. CITIZEN OF WHAT COUNTRY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT JOHNS HOPKINS HOSPITAL	
18. 592X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic glomerulonephritis		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION 2		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-13-1953 to 11-14-1953 that I last saw the deceased alive on 11-14-1953, and that death occurred at 1:45 P.M., from the causes and on the date stated above					
23a. SIGNATURE Henry N. Wagner Jr.		23b. ADDRESS JOHNS HOPKINS HOSPITAL		23c. DATE SIGNED Nov 14 '53	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Nov. 17-53		24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn	
24d. LOCATION (City, town, or county) Balto		24e. FUNERAL DIRECTOR Huntington Williams		24f. ADDRESS James Astor 638 N. 9th St	
DATE RECEIVED BY LOCAL REGISTRAR NOV 17 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR James Astor	



53 10121

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10121
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Carr Sr.

2. DATE
OF
DEATH

11/14/53.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Bon Secours Hospital.
2025 W. Fayette St.

5. Length of stay in Baltimore

6

Yrs.
Mos.
Days

6. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Dist Sales Manager

10B. KIND OF BUSINESS OR INDUSTRY

B.T. Babbett Co

9. FATHER'S NAME

Charles Carr

10. WAS DECEASED EVER IN U.S. ARMED FORCES?
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Dr. Chas. E. Carr, Jr 617 Wilton Road # 4

18. *431X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Myocardial Infection

17 days.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from *Nov 1*, 19*53*, to *Nov 14*, 19*53*, that I last saw the deceased alive on *Nov 14*, 19*53*, and that death occurred at *9:15* P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/18/53

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

TE RECEIVED BY
CAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

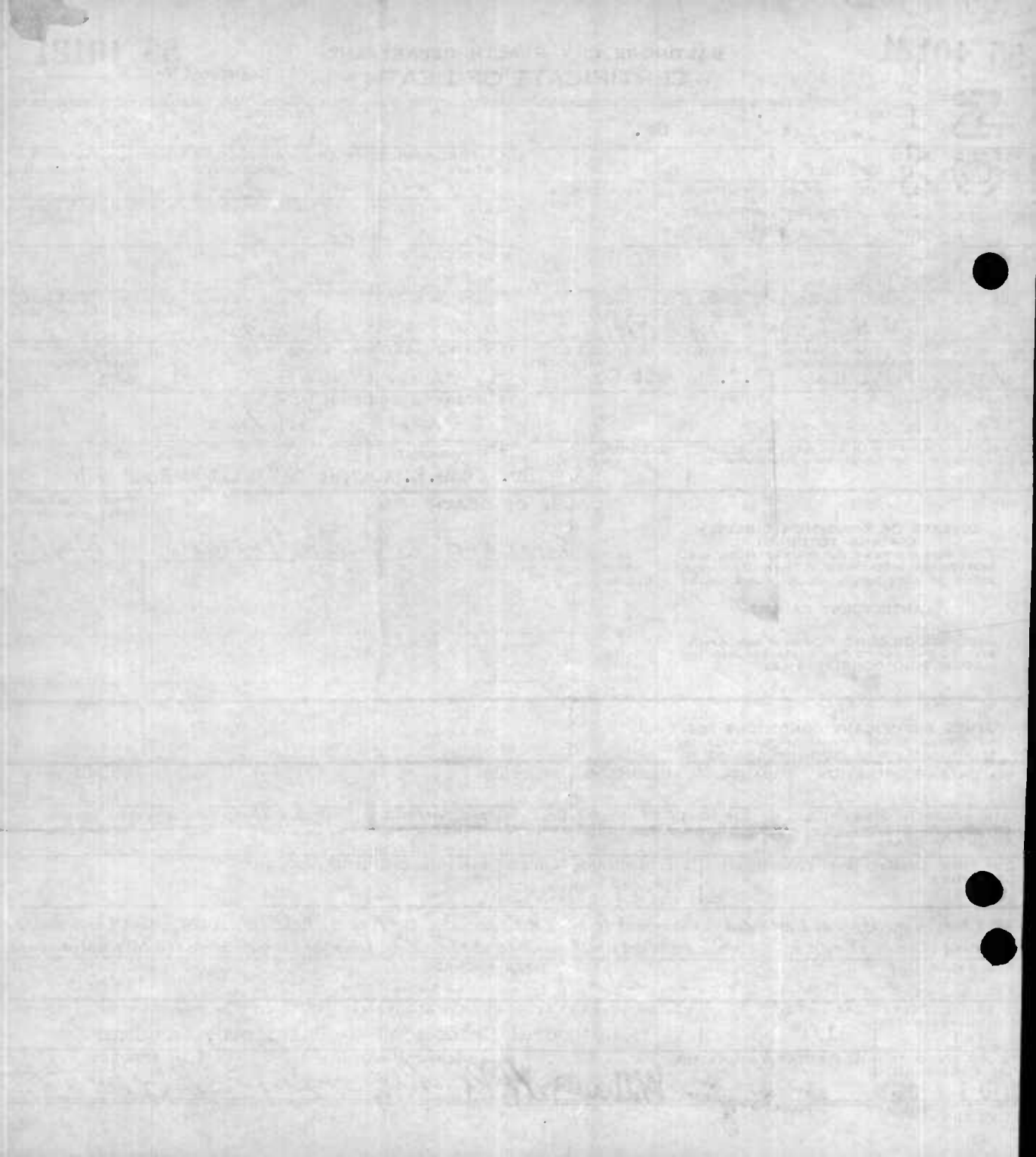
NOV 17 1953

Huntington Williams

1811 Meigs St. S.W. 8057 Calvert St.

VS 150

29068



53 10122

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10122
Registered No.

BIRTH NO.

NAME OF DECEASED
Type or Print)

Marie Stolpp Sehlhorst

2. DATE
OF
DEATH

11/15/53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

Union Memorial Hosp.

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE Maryland

B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Monkton

5300

D. STREET ADDRESS (If rural, give location)

Harmony Hall Farm

Length of stay in Baltimore

SEX Female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct 9, 1895

9. AGE (in years last birthday)

58

11 Under 1 Year Months Days

12 Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Wm. A. Sehlhorst Monkton, Md.

18. 416x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) pulmonary embolus

DUE TO

(B) rheumatic heart dis.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

previous emboli

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 10/21, 1953, to 11/15, 1953, that I last saw the deceased alive on 11/15, 1953, and that death occurred at 10:05 pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial 11/18/53 Loudon Park Baltimore, Md.

TE RECEIVED BY

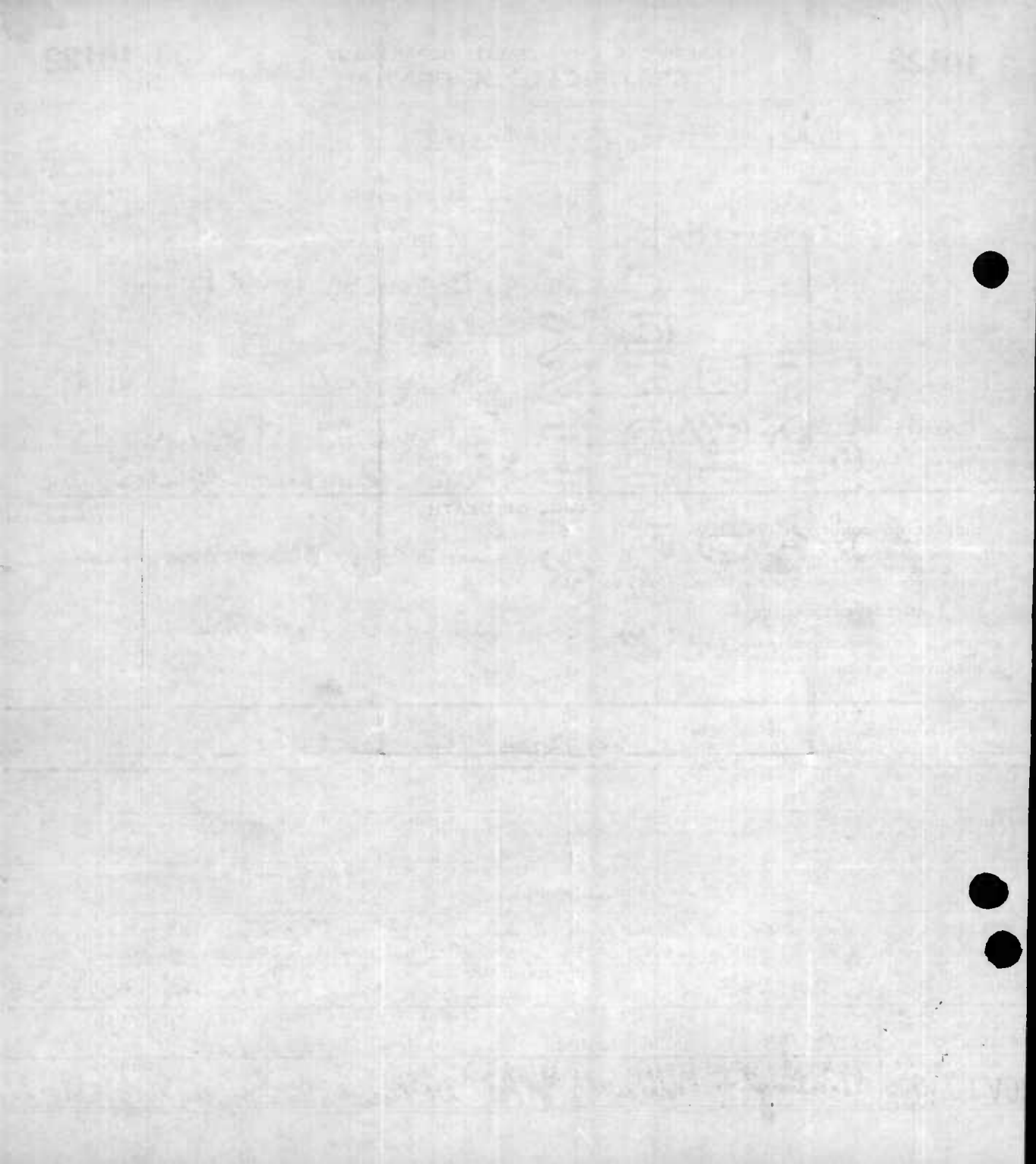
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 17 1953

Huntington Williams, M.D. 207 Meads and Son 805 N. Calvert St



F-430
53 10123BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10123

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES FLOYD

2. DATE
OF
DEATH

11-13-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 14-02

D. STREET ADDRESS (If rural, give location)

1401 Myrtle Ave.

E. Length of stay in Baltimore

Life (84)

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

ed

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Aug. 21, 1879

9. AGE (In years

last birthday)

84

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

unemployed

10B. KIND OF BUSINESS OR
INDUSTRY11. BIRTHPLACE (State or foreign country)
Annapolis, Md.12. CITIZEN OF
WHAT COUNTRY?

U. S. A

13. FATHER'S NAME

Raymond Floyd

14. MOTHER'S MAIDEN NAME

Jannie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Ruth Kane 650 Smathers St.

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebro-vascular Accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

(B) Hypertensive Cardiovascular
DiseaseII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

WORK

NOT WHILE

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 27, 1953, to Nov. 13, 1953, that I last saw the
deceased alive on Nov. 13, 1953, and that death occurred at 6:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

George R. Leno M. D.

23B. ADDRESS

Provident Hospital

23C. DATE SIGNED

11-13-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11/18/53

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

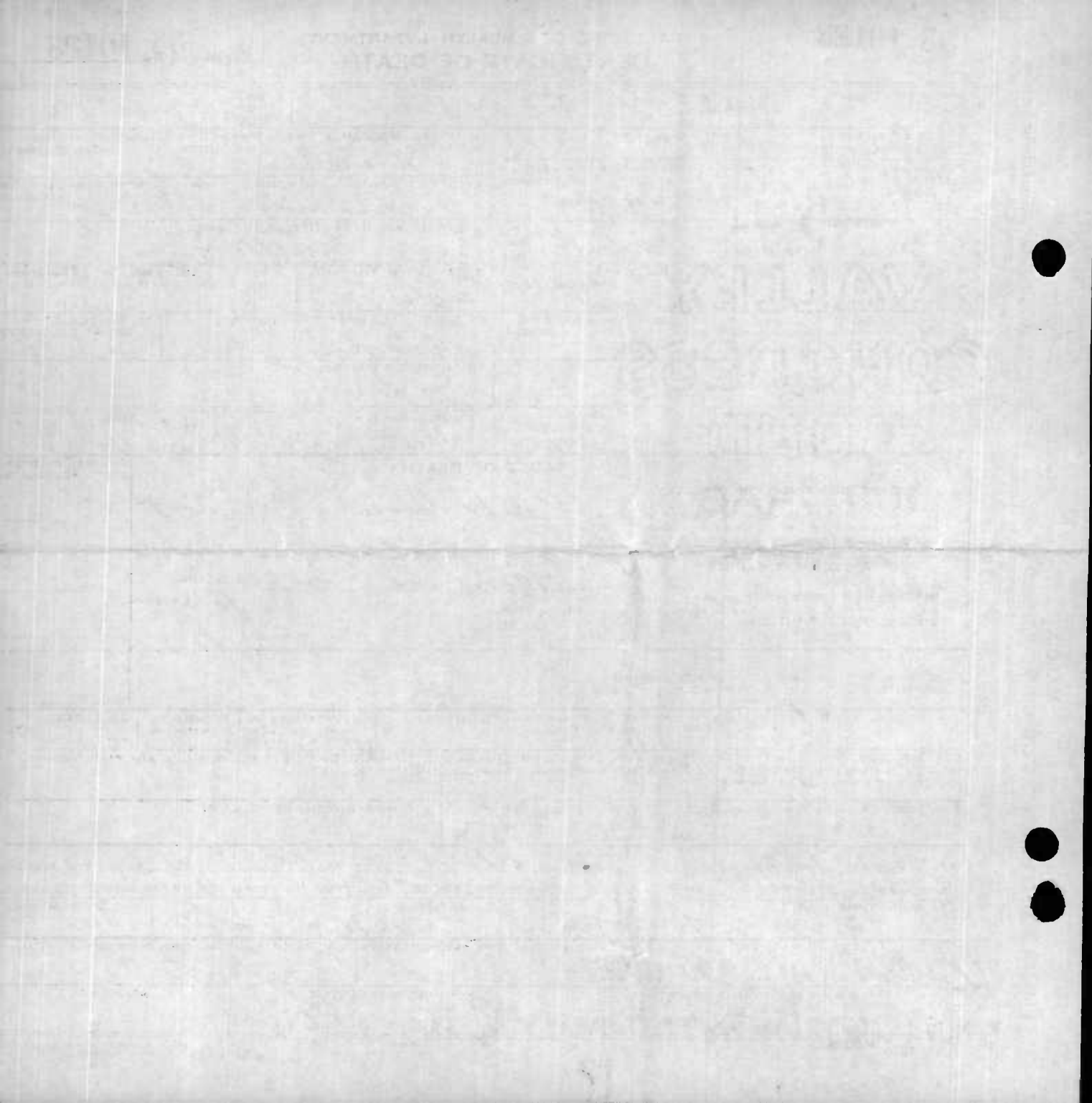
Hans Thorpe

ADDRESS

512 Conover St

NOV 17 1953

VS 150



H-560 CERTIFICATE CORRECTED 11-18-53				53 10124	
BALTIMORE CITY HEALTH DEPARTMENT				Registered No. _____	
BIRTH NO. 53 10124				BIRTH NO. _____	
1. NAME OF DECEASED (Type or Print) HENRY, WILTON			2. DATE OF DEATH 11-13-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 19-01		
5. Length of stay in Baltimore 34 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1312 W. Saratoga		
5. SEX M	6. COLOR OR RACE ad	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 14, 1896	9. AGE (In years last birthday) 65	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur (Retired Person)			10B. KIND OF BUSINESS OR INDUSTRY CHAUFFEUR		
11. BIRTHPLACE (State or foreign country) Baltimore, Md.			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME Charles Henry			14. MOTHER'S MAIDEN NAME Mary		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. _____		
17. INFORMANT Gussie Robert Perry			ADDRESS 1208 Myrtle St.		
18. 442X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Congestive Heart Failure DUE TO ANTECEDENT CAUSES Hypertensive Cardiovascular Disease DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct. 31 , 19 53 , to Nov. 13 , 19 53 , that I last saw the deceased alive on Nov. 13 , 19 53 , and that death occurred at 2:15 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE George R. Lippman M.D.		23B. ADDRESS Provident Hospital		23C. DATE SIGNED 11-13-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 11/17/53		24C. NAME OF CEMETERY OR CREMATORY MT. AUBURN CEMETERY	
				24D. LOCATION (City, town, or county) (State) BALTO. MD.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 17 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR CHARLES G. COOPER-512 CARROLLTON AV.	
VS 150 68399 Charles G. Cooper					

1804 3

WILLIAM D. WILSON

NEW YORK, N.Y.

WILSON & WILSON

1804



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10125

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George Everett Partridge, Ph.D.

2. DATE
OF
DEATH

NOV 16 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

BVI - 3

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

31

D. STREET ADDRESS (If rural, give location)

310 S. Dallas Ct.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

5-31-70

9. AGE (In years
last birthday)

83

10. Under 1 Year
Months: Days
Hours: Min.

18.

177X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Cancer of the prostate

DUE TO

ANTECEDENT CAUSES

(B)

Anemia

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-14-1953 to 11-16-1953 that I last saw the
deceased alive on 11-16-1953 and that death occurred at 1300 a.m., from the causes and on the date stated above.

23A. SIGNATURE

John Q. Arcadi

M.D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/18/53

24C. NAME OF CEMETERY OR CREMATORY

Green Mount Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 17 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. J. Tinkner & Sons

ADDRESS

Balto. 17, Md.

NOV 17 1953

BOARD

Particulars

Md

White

10-2-1911

10-2-1911

General

10-2-1911

10-2-1911

10-2-1911

10-2-1911

10-2-1911

10-2-1911

10-2-1911

D-450

53 10126

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10126

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DULANEY ARTHUR SIM

2. DATE
OF
DEATH

Nov. 16, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Union Mem. Hosp.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNION MEMORIAL HOSPITAL

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Electrician, Sec'y.

8B. KIND OF BUSINESS OR
INDUSTRY

Endowment Savin

9. FATHER'S NAME

Henry S. Dulaney

10. WAS DECEASED EVER IN U.S. ARMED FORCES?
(If yes, give war or date of service)

no

16. SOCIAL
SECURITY NO.

215-01-7910

8. DATE OF BIRTH

Jan. 8, 1884

9. AGE (in years
last birthday)

69

11 Under 1 Year
Months: Days12 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Barto. Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA.

14. MOTHER'S MAIDEN NAME

Catherine Stier

17. INFORMANT

ADDRESS

Mr. Arthur S. Dulaney, Jr.-Riderwood, Md.

18. 420.0 and 260x

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) Rupture Aortic Aneurysm

INTERVAL BETWEEN
ONSET AND DEATH

15 min.

(B) ASHD to Angina
overexertionOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus.

19A. DATE OF OPERATION

11/16/53

19B. MAJOR FINDINGS OF OPERATION

Dissecting Aneurysm

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from Nov. 16, 1953, to Nov. 16, 1953, that I last saw the
deceased alive on Nov. 16, 1953, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Paul M. Albee

23B. ADDRESS

M. D. Union Mem. Hosp.

23C. DATE SIGNED

Nov. 18, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/18/53

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

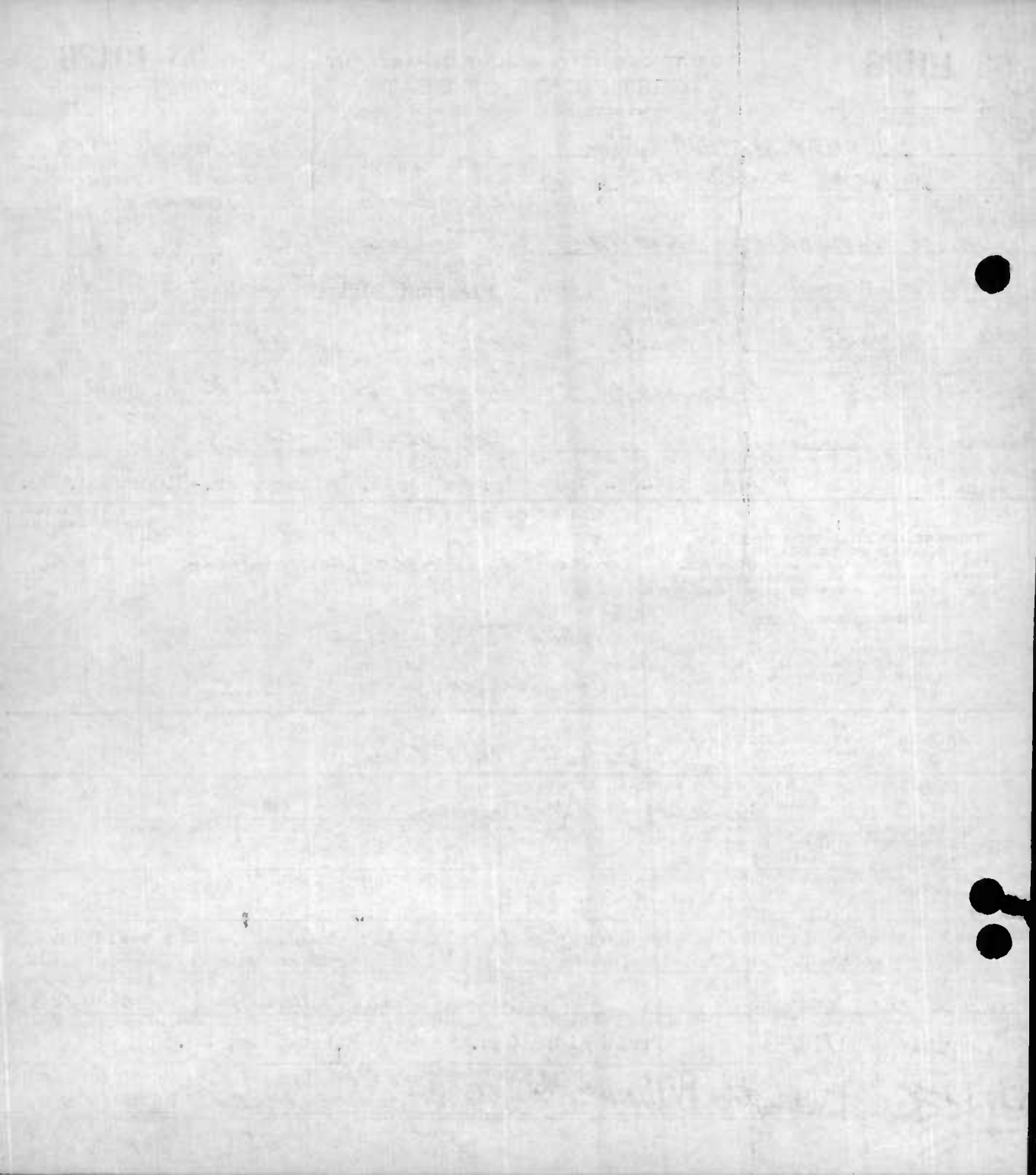
ADDRESS

Wm. J. Pickens & Sons

VS 150

290 8T

Barto. 17, Md.



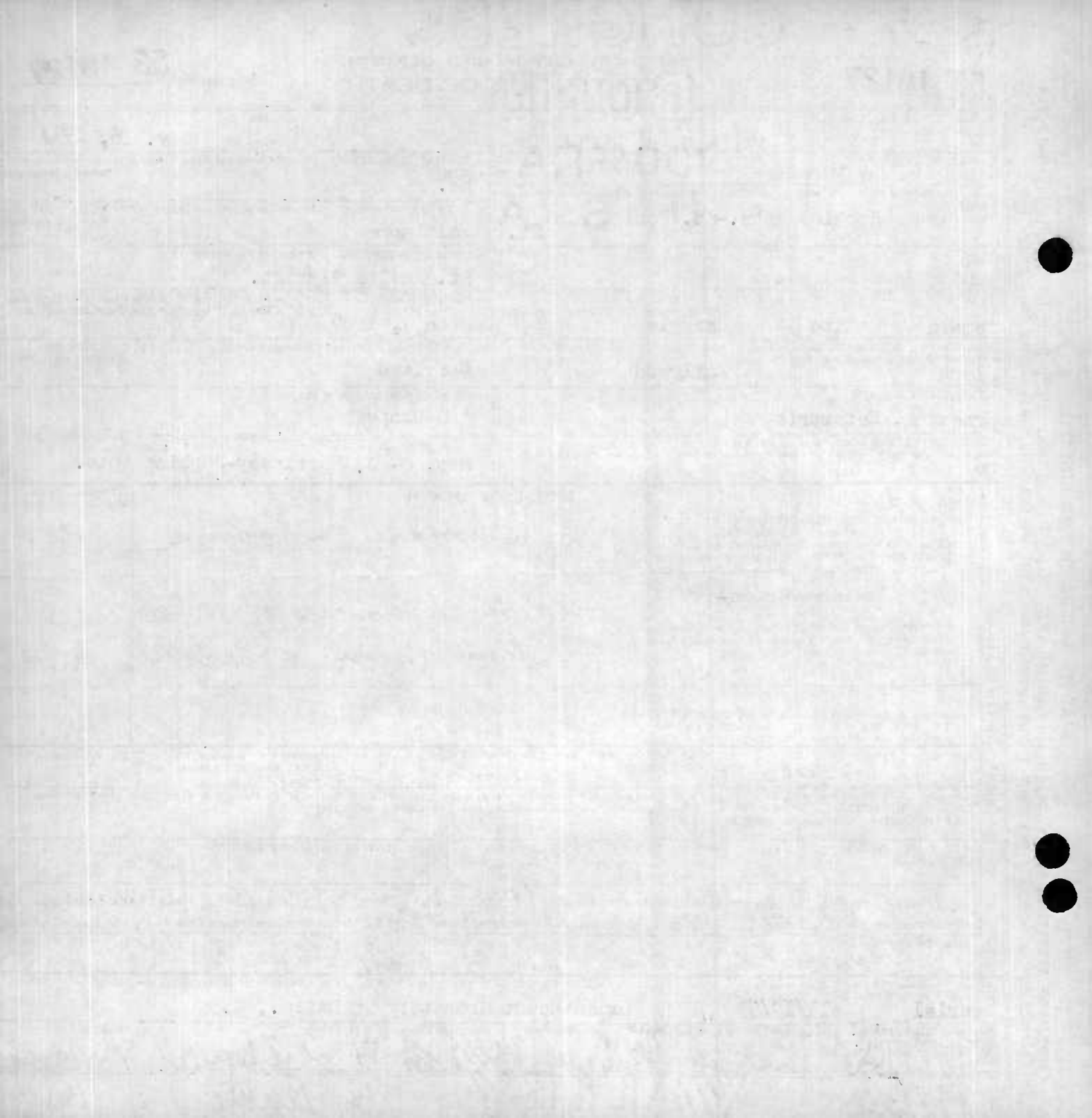
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 10127B-326
53 10127
BIRTH NO.

1. NAME OF DECEASED (Type or Print) MILDRED B. BETSWORTH			2. DATE OF DEATH Nov. 16, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOPKINS APTS.-St. Paul & 31st St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 60 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) St. Paul & 31st St.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH June 7, 1900	9. AGE (in years last birthday) 53	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10B. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Ernest A. Betsworth			14. MOTHER'S MAIDEN NAME Ann Grape		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. C. J. Morrissey-Jopkins Apts.		

18. 154x		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) Pulmonary Embolism	1 day	
ANTECEDENT CAUSES		(B) Adenocarcinoma of rectum		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) uterus - vagina & bladder	3 yrs	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION June 1-1953	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Colostomy	IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 20, 1953 to Nov. 16, 1953 , that I last saw the deceased alive on Nov. 15, 1953 , and that death occurred at 4:30 a.m. , from the causes and on the date stated above.			
23A. SIGNATURE Thomas U. Todd		23B. ADDRESS 2108 St Paul St	23C. DATE SIGNED 11/16/53

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/19/53	24C. NAME OF CEMETERY OR CREMATORY Green Mount Crematory	24D. LOCATION (City, town, or county) (State) Balto., Md
DATE RECEIVED BY LOCAL REGISTRAR NOV 17 1953	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR W. J. Tichner & Son	ADDRESS 39050 Balto 17, Md.



CERTIFICATE CORRECTED 11-19-53

53 10128

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 10128

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY SYLVINA KNIPP

2. DATE
OF
DEATH

Nov. 16, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Northway Apts. 3700 N. Charles

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3700 N. Charles St. Northway Apts.

5. SEX

F

W

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

Oct. 1, 1867

9. AGE (In years
last birthday)

86

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Home

10B. KIND OF BUSINESS OR
INDUSTRY

At. Home

11. BIRTHPLACE (State or foreign country)

Norfolk, Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

Chandler

14. MOTHER'S MAIDEN NAME

Mary J. Kilpatrick

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.
None

17. INFORMANT

F.

ADDRESS

Mr. Howard F. Knipp 204 Goodwood Gardens

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cardiovascular disease

1 yr.

ANTECEDENT CAUSES

DUE TO

(B)

Arteriosclerosis

?

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

Uremia

1 wk.

19A. DATE OF OPERATION

**-----0

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMED

IF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER) no21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

WORK ☐

NOT WHILE

AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 14, 1953, to Nov. 16, 1953, that I last saw the
deceased alive on Nov. 16, 1953 and that death occurred at 4 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Haller S. Stettin

M. D.

23B. ADDRESS

2220 Garrison Blvd.

23C. DATE SIGNED

11/17/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/18/1953

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Baltimore Md.

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. J. Tucker, Son Inc. Baltimore Md

ADDRESS

RECEIVED

10158

10158

RECEIVED



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

F-4125

53 10129

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10129

BIRTH NO.

1. NAME OF DECEASED (Type or Print) EDWIN M. FLEISCHMANN			2. DATE OF DEATH Nov 16 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md B. COUNTY _____		
5. FULL NAME OF HOSPITAL OR INSTITUTION 4312 St Paul St			C. CITY OR TOWN Baltimore 27-11		
c. Length of stay in Baltimore Life Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 4312 St Paul St		
5. SEX M.	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 8 1892	9. AGE (In years last birthday) 61	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired) Distiller			10B. KIND OF BUSINESS OR INDUSTRY _____		
11. FATHER'S NAME Ernst Fleischmann			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) _____			14. SOCIAL SECURITY NO. _____		
15. MOTHER'S MAIDEN NAME Lillie Gottschalk			16. INFORMANT Mrs Edwin M Fleischmann ADDRESS Same		
18. 153X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Colon (A) _____ DUE TO _____			INTERVAL BETWEEN ONSET AND DEATH 27 mo.		
II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO _____ (C) _____					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 11/15/52		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Ca of Colon		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/7/51 , 19____, to 11/16/53 , 19____, that I last saw the deceased alive on 11/16/53 , 19____, and that death occurred at 4:12 P. m., from the causes and on the date stated above.					
23A. SIGNATURE Francis W. Hunt		23B. ADDRESS 100 W University Pkwy		23C. DATE SIGNED 11/17/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov 18 1953		24C. NAME OF CEMETERY OR CREMATORY Ohel Shalom	
24D. LOCATION (City, town, or county) Balto Md		24E. LOCATION (State) _____			
DATE RECEIVED BY LOCAL REGISTRAR NOV 17 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Wm. J. Smith Sons Co 4905 York Rd ADDRESS _____	

Dr. Francis M. Gluck
100 University Place
Side door in basement

N-345

53 10130

IRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10130
Registered No.NAME OF DECEASED
(Type or Print)

Katherine Holden Woodland

2. DATE

OF
DEATH Nov. 14, 1953

PLACE OF DEATH:

Baltimore City, Maryland 4900 Greenspring Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
a. STATE b. COUNTY before admission)

Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4900 Greenspring Ave.

Length of stay in Baltimore

40 years

Yrs.
Mos.
Days

SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Mar. 21, 1899

9. AGE (In years
last birthday)

54

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Churchhill, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Frederick Holden

14. MOTHER'S MAIDEN NAME

Jeanne Mahood

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Samuel Carlisle Woodland

18. 443X I

CAUSE OF DEATH 4900 Greenspring Ave

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Apoplexy.

DUE TO

Hypertensive Cardiac - Coronary

ANTECEDENT CAUSES

(B)

Disease -

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNOER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐I hereby certify that I attended the deceased from Jan 15, 1923 to Nov 14, 1953, that I last saw the
deceased alive on Nov 14, 1953, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 17 1953

Huntington Williams, M.D.

Ellsworth Armacost

100

53 10131

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 10131
Registered No.

IRTH NO.

NAME OF DECEASED
(Type or Print)

Lena Noll

2. DATE
OF
DEATH Nov. 16-1953

PLACE OF DEATH:
Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
STITUTION

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

613 E. Biddle Street - 2

Length of stay in Baltimore

70 yrs.

SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

9. A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)
Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At. Home

FATHER'S NAME

Joseph Denk

11. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.
NONE

17. INFORMANT

ADDRESS

Mrs Eva Reiner 4504 Hampnett Ave.

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Generalized peritonitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Perforated malignancy of bowel

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Generalized arteriosclerosis-Malnutrition

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?
(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

I hereby certify that I attended the deceased from Nov. 7 th 19 53 to Nov. 16 , 19 53 that I last saw the deceased alive on Nov. 16 , 19 53 , and that death occurred at 4:10a m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Nov. 18, 1953

Holy Redeemer Cem.

Baltimore Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

17 1953

Huntington Williams

Henry Sander & Sons Inc.

Baltimore Maryland

Sept. 7. Sander

101-11-101

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

101-11-101

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101-11-101

MARGIN RESERVED FOR BINDING

PLEASE WRITE FLANKING, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 10132
R-600
BIRTH NO. 53-29151

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

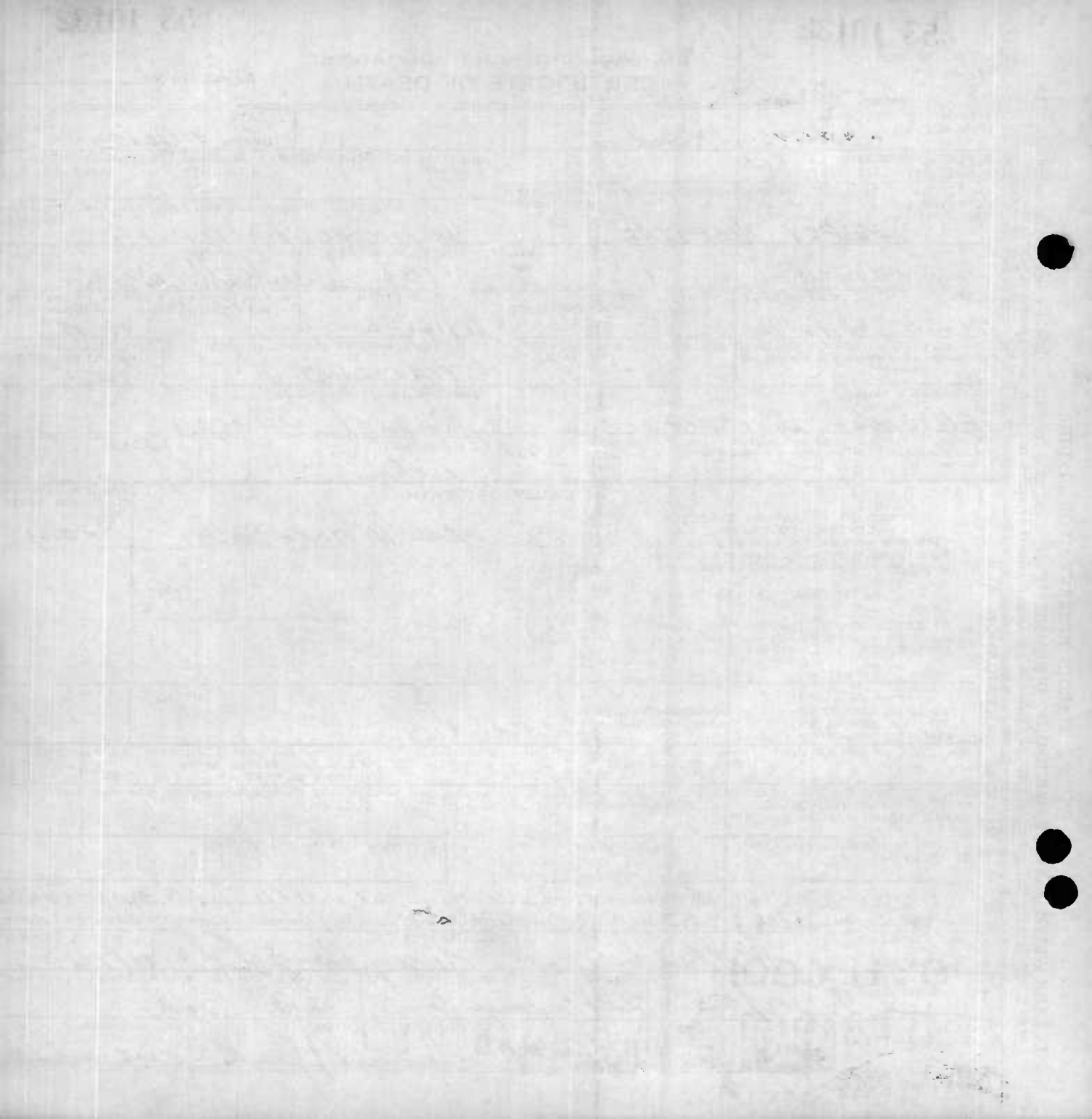
53 10132

1. NAME OF DECEASED (Type or Print) Baby Boy ROHR			2. DATE OF DEATH 11/16/53		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) a. STATE md b. COUNTY Baltimore		
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION MERCY HOSPITAL			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE, MARYLAND 5355		
c. Length of stay in Baltimore 1 Days			d. STREET ADDRESS (If rural, give location) 1708 Glenketh Blvd.		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 11/16/53	9. AGE (In years last birthday) 1 Year 18 Months	If Under 1 Year Months: Days 1 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) MARYLAND		
10b. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME Alexander B. ROHR, JR.			14. MOTHER'S MAIDEN NAME Raquel Suarez		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) —		16. SOCIAL SECURITY NO. —		17. INFORMANT Father	
				ADDRESS	

18. 760.5 CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 1 DAY
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CEREBRAL HEMORRHAGE DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. PREMATURITY DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION 11/17/53		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11/16 , 19 53 , to 11/16 , 19 53 that I last saw the deceased alive on 11/16 , 19 53 and that death occurred at 6 P m., from the causes and on the date stated above.							
23a. SIGNATURE Harry S. Shew		23b. ADDRESS Mercy Hospital		23c. DATE SIGNED 11/16/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/17/53		24c. NAME OF CEMETERY OR CREMATORY Roly Redeemer Cem.		24d. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Leonard J. Ruck		ADDRESS 5305 Hayfield Rd	

NOV 17 1953



53 10133
M-650BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10133
Registered No.

IRTH NO.

NAME OF DECEASED
(Type or Print)

JAMES E. MORAN

2. DATE
OF
DEATH

11/15/53

PLACE OF DEATH:

Baltimore City, Maryland 216 E Cross St

FULL NAME OF (If not in hospital or institution, give street address or
OSPITAL OR location)
INSTITUTION4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

216 E Cross St Bays - Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore - Md.

D. STREET ADDRESS (If rural, give location)

216 E Cross 24-03

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

SEX

m.

6. COLOR OR RACE

w.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widower

A. USUAL OCCUPATION (Give kind of
died during most of working life, even if retired)

Fitchman

10B. KIND OF BUSINESS OR
INDUSTRY

md Glass Co.

FATHER'S NAME

James E. Moran

WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

no or unknown

16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

8/15/1889

9. AGE (In years,
last birthday)

65

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore - Md

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Catherine Imhoff

17. INFORMANT

Mr. James Moran 1823 S Charles

ADDRESS

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Chronic Myocardial Degeneration 1 yr.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Atherosclerosis 1 yr.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from 11-13, 1952, to 11-15, 1953, that I last saw the
deceased alive on 11-15, 1953, and that death occurred at 1 P. m., from the causes and on the date stated above.

23A. SIGNATURE

A. Hallod

M. D.

23B. ADDRESS

707 Fort Ave.

23C. DATE SIGNED

11-16-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11/19/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross

24D. LOCATION (City, town, or county)

Ritchie Highway

(State)

25. FUNERAL DIRECTOR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. B. Baker & Sons

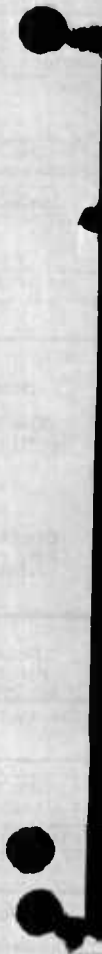
ADDRESS

8/10/66

SECRET

RECEIVED 8/10/66

VALLEY



B-631
53 10134

53 10134

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

1. NAME OF DECEASED (Type or Print)		James Allan Broadbeck		2. DATE OF DEATH Nov. 16, 1953	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)		A. STATE Md.	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)		3300 St. Ambrose Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, 27-16	
6. Length of stay in Baltimore life		7. STREET ADDRESS (If rural, give location) 3300 St. Ambrose Ave.		8. DATE OF BIRTH Jan. 31, 1885	
9. SEX male	10. COLOR OR RACE white	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	12. AGE (In years last birthday) 68	13. If Under 1 Year Months: Days	14. If Under 24 Hours Hours: Min.
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Owner		16. KIND OF BUSINESS OR INDUSTRY Confectionery Store		17. BIRTHPLACE (State or foreign country) Baltimore, Md.	
18. FATHER'S NAME James Broadbeck		19. MOTHER'S MAIDEN NAME Anna Virginia Hardy		20. CITIZEN OF WHAT COUNTRY?	
21. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no		22. SOCIAL SECURITY NO. 218-32-3497		23. INFORMANT ADDRESS Mrs. Virginia Broadbeck, 3300 St. Ambrose	
24. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Mital Insufficiency DUE TO (A) _____ (B) _____ (C) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (A) _____ (B) _____ (C) _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				25. INTERVAL BETWEEN ONSET AND DEATH 3-25-53	
26. DATE OF OPERATION 0		27. MAJOR FINDINGS OF OPERATION		28. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
29. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		30. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		31. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
32. TIME (Month) (Day) (Year) (Hour) OF INJURY		33. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		34. HOW DID INJURY OCCUR?	
35. I hereby certify that I attended the deceased from Mar 25, 1953, to Nov. 16, 1953, that I last saw the deceased alive on Nov. 16, 1953, and that death occurred at 9:30 Pm., from the causes and on the date stated above.					
36. SIGNATURE John D. Beubert		37. ADDRESS 4803 Park Heights Ave.,		38. DATE SIGNED Nov. 17 1953	
39. BURIAL, CREMATION, REMOVAL (Specify) Burial		40. DATE Nov. 19, 1953		41. NAME OF CEMETERY OR CREMATORY Cathedral Cemetery,	
42. LOCATION (City, town, or county) Baltimore, Md.		43. FUNERAL DIRECTOR B. Vernon Lemmon		44. ADDRESS 4611 Park Heights A	

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

100-100000

NAME (Last, First, Middle)		DATE OF BIRTH		PLACE OF BIRTH	
SEX		RACE		EDUCATION	
OCCUPATION		MILITARY SERVICE		CIVIL SERVICE	
RELIGION		POLITICAL AFFILIATION		SOCIAL AFFILIATION	
MARITAL STATUS		NUMBER OF CHILDREN		CURRENT ADDRESS	
PREVIOUS ADDRESSES		TRAVEL RECORD		EMPLOYMENT RECORD	
CREDIT RECORD		Criminal Record		Other Records	

STATE OF NEW YORK
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of coroner		11. Signature of medical examiner		12. Signature of health officer	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery		16. Signature of burial place	
17. Signature of family		18. Signature of friends		19. Signature of neighbors		20. Signature of community	
21. Signature of church		22. Signature of school		23. Signature of business		24. Signature of government	
25. Signature of other		26. Signature of other		27. Signature of other		28. Signature of other	
29. Signature of other		30. Signature of other		31. Signature of other		32. Signature of other	
33. Signature of other		34. Signature of other		35. Signature of other		36. Signature of other	
37. Signature of other		38. Signature of other		39. Signature of other		40. Signature of other	
41. Signature of other		42. Signature of other		43. Signature of other		44. Signature of other	
45. Signature of other		46. Signature of other		47. Signature of other		48. Signature of other	
49. Signature of other		50. Signature of other		51. Signature of other		52. Signature of other	
53. Signature of other		54. Signature of other		55. Signature of other		56. Signature of other	
57. Signature of other		58. Signature of other		59. Signature of other		60. Signature of other	
61. Signature of other		62. Signature of other		63. Signature of other		64. Signature of other	
65. Signature of other		66. Signature of other		67. Signature of other		68. Signature of other	
69. Signature of other		70. Signature of other		71. Signature of other		72. Signature of other	
73. Signature of other		74. Signature of other		75. Signature of other		76. Signature of other	
77. Signature of other		78. Signature of other		79. Signature of other		80. Signature of other	
81. Signature of other		82. Signature of other		83. Signature of other		84. Signature of other	
85. Signature of other		86. Signature of other		87. Signature of other		88. Signature of other	
89. Signature of other		90. Signature of other		91. Signature of other		92. Signature of other	
93. Signature of other		94. Signature of other		95. Signature of other		96. Signature of other	
97. Signature of other		98. Signature of other		99. Signature of other		100. Signature of other	

B-214
53 10136BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10136
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Mattie Frowles Bayfield*2. DATE
OF
DEATH*Nov. 16, 1953*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*1020 Rutland Ave.*

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

*Baltimore**7-04*

D. STREET ADDRESS (If rural, give location)

1020 Rutland Ave.

C. Length of stay in Baltimore

4 months

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Carroll Lee Bayfield 1020 Rutland Ave.*18. *170X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH*3 mos.**1 yr.*

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Sept 9, 1953* to *Nov. 16, 1953*, that I last saw the
deceased alive on *11-16, 1953* and that death occurred at *3 A.* m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Wm. Leroy Berry

M. D.

*1420 E. Chase St.**11-17-53*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 17 1953

*Huntington Williams, M.D.**Mr. Robert A. Elliott & Daughter*

52 10132

52 10132

10132 52

H-516

53 10137

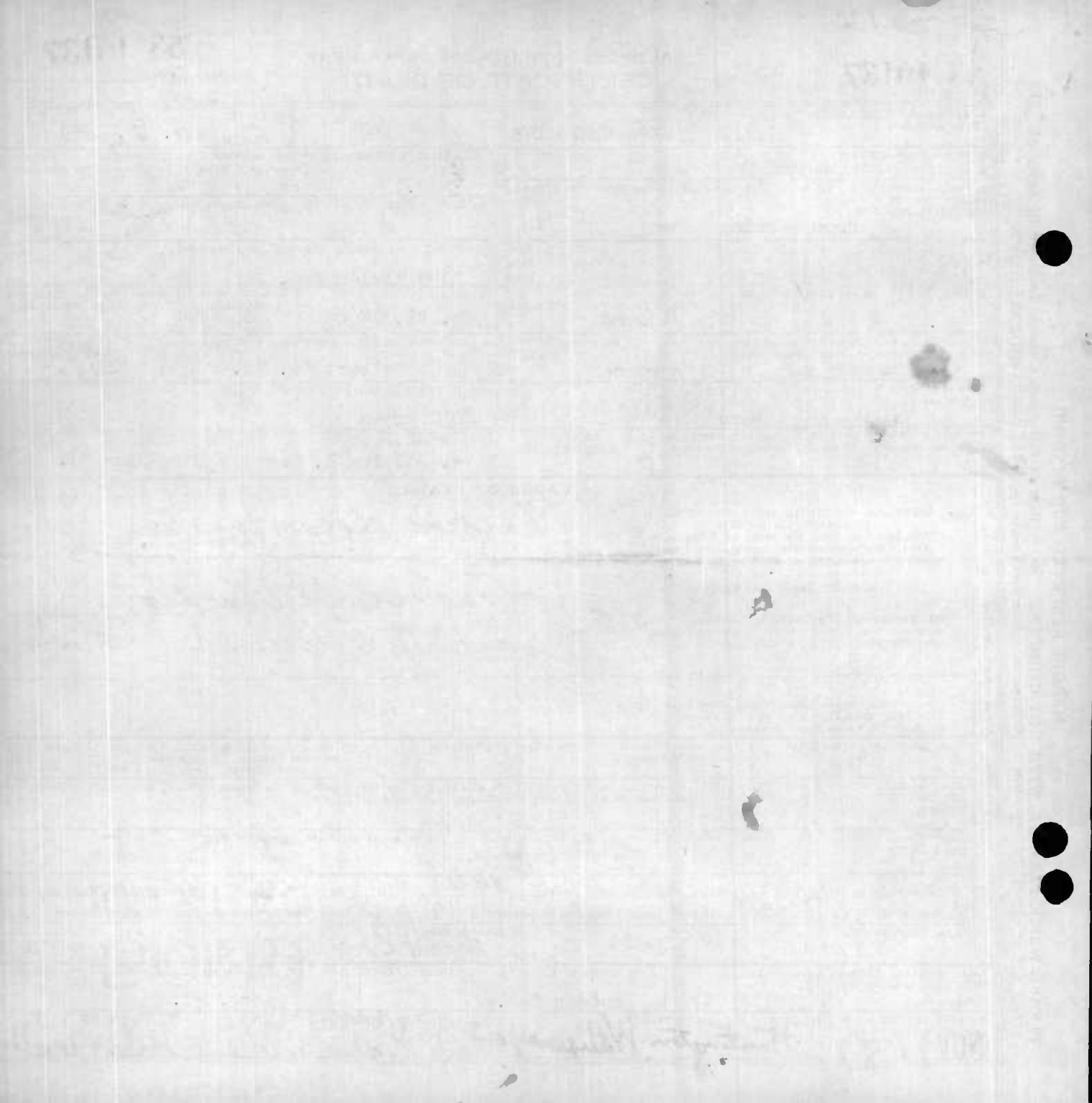
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10137

Registered No.

1. NAME OF DECEASED (Type or Print) WILLIAM EDWARD HUMPHREYS				2. DATE OF DEATH Nov. 16, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Hood Nursing Home				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 60				D. STREET ADDRESS (If rural, give location) 2308 Harlem Ave.	
5. SEX M.	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 22, 1868	9. AGE (in years, last birthday) 84
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Agent - Retired		10B. KIND OF BUSINESS OR INDUSTRY Insurance		11. BIRTHPLACE (State or foreign country) Calvert Co. Md.	
13. FATHER'S NAME Joshua Humphreys				12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No				14. MOTHER'S MAIDEN NAME Unknown	
16. SOCIAL SECURITY NO. ?				17. INFORMANT ADDRESS Mrs. William A. Fessler 102 Upnor Rd.	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardiac decompensation DUE TO				INTERVAL BETWEEN ONSET AND DEATH 24 hrs	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic Cardiovascular disease DUE TO				8 yrs.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1945 , 19__, to Nov 16 , 19 53 that I last saw the deceased alive on Nov 16 , 19 53 , and that death occurred at 4 p. m. , from the causes and on the date stated above.					
23A. SIGNATURE Norman L. Todd		23B. ADDRESS 2108 St Paul St		23C. DATE SIGNED 11/17/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/19/1953		24C. NAME OF CEMETERY OR CREMATORY Western Cem.	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.					
DATE RECEIVED BY LOCAL REGISTRAR NOV 17 1953		REGISTRAR'S SIGNATURE Huntington Williams		FURNERAL DIRECTOR'S ADDRESS Wm. J. Fessler, 102 Upnor Rd	



S-200
53 10138BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10138

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

JENNIE T. SAGE

2. DATE
OF DEATH November 16, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION St. Joseph's Hospital location)C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township 10-01

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

406 E. Biddle Street

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

7/1/1890

9. AGE (In years
last birthday)

63

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Hungary

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Steve Gyulai

14. MOTHER'S MAIDEN NAME

Anne (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Theresa C. Drexel 340 ADDRESS

18. 490X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Lobar Pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

B. Fisher

23B. CHIEF MEDICAL EXAMINER ☒ 23C. DATE SIGNED
ASSISTANT MEDICAL EXAMINER ☐ 11-16-53
M.D. MEDICAL INVESTIGATOR ☐24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/19/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 17 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

1217 St. Paul St.

ADDRESS

2165
53 10139BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10139

Registered No.

IRTH NO.

NAME OF DECEASED
(Type or Print)

DORA C. O'BRIEN

2. DATE
OF
DEATH

11-16-53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

Quinn Memorial Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore

SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR
INDUSTRY

At home

FATHER'S NAME

Daniel Ryan

WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

no or unknown

16. SOCIAL
SECURITY NO.

-

8. DATE OF BIRTH

March 20, 1880

9. AGE (In years
last birthday)

73

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore County, Md

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

Margaret Bond

17. INFORMANT

ADDRESS

Milton E. O'Brien, 2618 Huntingdon Ave

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Arteriosclerotic Heart
Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21f. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from 10-1-1953 to 10-15-1953 that I last saw the
deceased alive on 10-15-1953, and that death occurred at 10-25 m., from the causes and on the date stated above.

23a. SIGNATURE

Haverly S. Green, Jr.

M. D.

23b. ADDRESS

Union Memorial Hospital

23c. DATE SIGNED

11-16-53

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

11/20/53

24c. NAME OF CEMETERY OR

New Cathedral

24d. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

M. Cook, Inc., 1217 St Paul St

NOV 17 1953

VS 150

NOT A MEDICAL EXAMINER'S CASE

William J. Smith M.D.

CHIEF OR ASST. MEDICAL EXAMINER

M-320
53 10140BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10140

IRTH NO.

NAME OF DECEASED
(Type or Print)

Benjamin Maddox

2. DATE
OF
DEATH

11/16/53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

STITUTION

Maryland General Hospital

Length of stay in Baltimore

40

Yrs.
Mos.
Days

SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

A. USUAL OCCUPATION (Give kind of
done during most of working life even if retired)

Carpenter

10B. KIND OF BUSINESS OR
INDUSTRY

Building

FATHER'S NAME

John A. Maddox

WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

218-03-7692

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 10-01

D. STREET ADDRESS (If rural, give location)

417 E. Biddle Str. #2

8. DATE OF BIRTH

April 18, 1887

9. AGE (In years
last birthday)

65

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U-S-A

14. MOTHER'S MAIDEN NAME

Unknown

17. INFORMANT

Blanche Maddox (wife)

ADDRESS

same

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(A) Congestive heart failure
DUE TO Hypertension - Corneo Vascular Disease
and Coronary Occlusion
(B) associated with pulmonary infarction
DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., io or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from 11/3 1953, to 11/16 1953, that I last saw the
deceased alive on 11/16 1953, and that death occurred at 9:50 AM., from the causes and on the date stated above.

23A. SIGNATURE

S. Vatori

M. D.

23B. ADDRESS

Maryland General Hosp.

23C. DATE SIGNED

11/16/53

A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/19/53

24C. NAME OF CEMETERY OR CREMATORY

Moreland Park

24D. LOCATION (City, town, or county)

Parkville Md.

TE RECEIVED BY
CAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Coke

ADDRESS

1217 St. Paul St

VS 150

57024

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 10141BIRTH NO. 53 101411. NAME OF DECEASED
(Type or Print)Mary OSSPinter2. DATE
OF
DEATHNov. 14, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1400 N. Caroline St4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONst. Joseph HospitalC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)Maryland

D. STREET ADDRESS (If rural, give location)

2107 E. Lafayette Avenue

5. SEX

Female

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Feb. 16, 18929. AGE (in years
last birthday)61If Under 1 Year
Months: Days828If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Housewife10B. KIND OF BUSINESS OR
INDUSTRYHome

11. BIRTHPLACE (State or foreign country)

Falesina, Italy12. CITIZEN OF
WHAT COUNTRY?U.S.

13. FATHER'S NAME

Marcello Lanner

14. MOTHER'S MAIDEN NAME

Teresa Motter15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)No16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JohnPinter 2107 E. Lafayette Ave.

18.

420.0DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

Coronary occlusion

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH1/2 hr6 mo

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/28, 1952, to Nov 14, 1953, that I last saw the
deceased alive on Nov 9, 1952, and that death occurred at 7:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Conrad L. Rutter

23B. ADDRESS

3128 Hartford Rd

23C. DATE SIGNED

11/16/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial

24B. DATE

Nov. 18, 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

4430 Belair Rd. Balto. MdDATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Frank Keller

ADDRESS

22 S. High St.NOV 17 1953

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 10142**BIRTH NO. **53 10142**

1. NAME OF DECEASED (Type or Print) CHARLES		2. DATE OF DEATH November 16, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 10-02	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 904 N. Central Avenue	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 4-6-1911
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHAUFFEUR		10B. KIND OF BUSINESS OR INDUSTRY MATRRESS CO	9. AGE (in years last birthday) 42
13. FATHER'S NAME John G. 665		14. MOTHER'S MAIDEN NAME ROSETTA TYLER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT GARRIE G. 665 1916 ETTING ST		ADDRESS <input checked="" type="checkbox"/>	
18. 410X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Pulmonary Embolism due to Auricular Mural Thrombosis due to Auricular Fibrillation due to Mitral Stenosis due to Rheumatic Heart Disease (B) (C) INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB-UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour)	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE R. P. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED 11-16-53			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 11-20-53	24C. NAME OF CEMETERY OR CREMATORY MT. CALVARY	24D. LOCATION (City, town, or county) (State) A.A. COUNTY, MD
DATE RECEIVED BY LOCAL REGISTRAR NOV 17 1953		25. FUNERAL DIRECTOR Huntington Williams, 1000 S. Locks. P. 6308 N. Capital	
REGISTRAR'S SIGNATURE Huntington Williams		ADDRESS	

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UNITED STATES OF AMERICA
DEPARTMENT OF STATE
OFFICE OF THE SECRETARY

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53 10143
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10143

1. NAME OF DECEASED
(Type or Print)

MARY H. CROWE.

2. DATE
OF
DEATH

NOVEMBER 16 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTIMORE CITY.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1124 Montpelier Street

HOSPITAL OR

INSTITUTION

C. Length of stay in Baltimore

30 years

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

13. FATHER'S NAME

Edward Collison

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.
none

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

BALTIMORE CITY MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE CITY.

D. STREET ADDRESS (If rural, give location)

1124 MONTPELIER STREET.

8. DATE OF BIRTH

8-28-1876

9. AGE (In years)

77

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Mary ---

17. INFORMANT

ADDRESS

Anna M Crowe 1124 Montpelier St.

18. 422.1 and 260X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(A) APOPLEXY

OCTOBER 29 1953.

DUE TO

(B) ARTERIOR SCLEROSIS.

1950

DUE TO

(C) CHRONIC MYOCARDITIS.

1950.

DIABETES MELLITUS.

1945.

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

NONE

19B. MAJOR FINDINGS OF OPERATION

NONE

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

I hereby certify that I attended the deceased from OCTOBER 29 1953 NOV. 16 1953 that I last saw the deceased alive NOV 16 1953 and that death occurred at 9.10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11-19-53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Charles F. Evans & Son

418 W. Mt. Royal Ave.

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 10144**

53 10144

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARGARET E. HEIDERMAN			2. DATE OF DEATH November 16, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY BALTO.		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2800 Emerald Avenue		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH OCT. 11-1885	9. AGE (in years last birthday) 68	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) BALTIMORE Md	12. CITIZEN OF WHAT COUNTRY? USA.	
13. FATHER'S NAME HENRY HUMMER			14. MOTHER'S MAIDEN NAME ELIZABETH ZELHANNIS		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Margaret Baxter - SAME		

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
(A) Arteriosclerotic Cardiovascular Disease		DUE TO		
ANTECEDENT CAUSES		(B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO		
(C)				

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE *R. J. Fisher* M.D. 23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐ 23C. DATE SIGNED **11-16-53**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **11-19-1953** 24C. NAME OF CEMETERY OR CREMATORY **PARKWOOD Cem** 24D. LOCATION (City, town, or county) (State) **BALTO Md.**

DATE RECEIVED BY LOCAL REGISTRAR **NOV 17 1953** REGISTRAR'S SIGNATURE *Huntington Williams* 25. FUNERAL DIRECTOR *Leonard J. Ruck* ADDRESS **5305 Harford**

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

TO : DIRECTOR, FBI (100-100000)
FROM : SAC, NEW YORK (100-100000)
SUBJECT: [Illegible]
[The remainder of the document contains several paragraphs of extremely faint, illegible text, likely a teletype or memorandum. The text is too light to transcribe accurately.]

636

53 10145

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10145

Registered No.

BIRTH NO.

NAME OF DECEASED
(Type or Print)

FREDERICK, MARGARET P.

2. DATE
OF
DEATH

11/16/53

3. PLACE OF DEATH:

Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

FRANKLIN SQUARE HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

REINSTERSTOWN

D. STREET ADDRESS (If rural, give location)

GLENN FALLS ROAD

5300

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

11/16/1881

9. AGE (In years last birthday)

72

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

HENRY PETERSON

14. MOTHER'S MAIDEN NAME

LOUISE SCHWINGER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war nr dates of service)

no

16. SOCIAL SECURITY NO.

215-24-0140

17. INFORMANT

ADDRESS

Mrs. Catherine Ferrier-103 W. 39th St.

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) GENERALIZED CARCINOMATOSIS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.

(B) CANCER OF THE COLON

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

10-1-53

19B. MAJOR FINDINGS OF OPERATION

PERITONEAL CARCINOMATOSIS

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4⁴⁵ P.m., from the causes and on the date stated above.

23A. SIGNATURE

C. Fernandez, M.D.

23B. ADDRESS

FRANKLIN SQUARE HOSPITAL

23C. DATE SIGNED

11/16/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/19/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Carmel Cem.

24D. LOCATION (City, town, or county)

Balto. Cem.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

11/17/53

Huntington Williams, M.D.

John J. Pickner & Sons

Balto. 17, Md.

VS 150

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DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10146
Registered No.

BIRTH NO.

53 10146

1. NAME OF DECEASED
(Type or Print)

ROBERT EARL BASE

2. DATE
OF
DEATH

November 16, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Franklin Square Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2562 Boyd Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

April 16, 1910

9. AGE (in years
last birthday)

43

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Truck Driver

10B. KIND OF BUSINESS OR
INDUSTRY

Freight

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William D. Base

14. MOTHER'S MAIDEN NAME

Florence Preston

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Eleanor G. Base-2562 Boyd St.

18. E 919.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Gunshot wound of chest

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Massive intrathoracic hemorrhage

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

2562 Boyd Street

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Nov. 16, 1953

m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Firearms

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.

23A. SIGNATURE

William D. Base

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

M.D.

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Nov. 17, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/19/53

24C. NAME OF CEMETERY OR CREMATORY

Prospect Hill Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

js N 862.4

68352

Balto. 17, Md.

25 10/18

RECEIVED THE OFFICE OF THE
ATTORNEY GENERAL

25 10/18



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

53 10147

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Annie M. O'Donovan

2. DATE
OF
DEATH

11/16/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1101 E. Fayette St

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

13. FATHER'S NAME

Bryan Kavanaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

John E. Kavanaugh Hickory Ave

ADDRESS

18. 42011 and 260x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Coronary occlusion i
myocardial infarctionINTERVAL BETWEEN
ONSET AND DEATH

48 hrs

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

Diabetes mellitus

Indefinite

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORKNOT WHILE
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1953, to 16 Nov 1953, that I last saw the deceased alive on 15 Nov 1953, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Huntington Williams

M. D.

23B. ADDRESS

2020 N Charles St

23C. DATE SIGNED

17 Nov 53

24A. BURIAL CREMA-
TION REMOVAL (Specify)

Burial

24B. DATE

11/18/53

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 18 1953

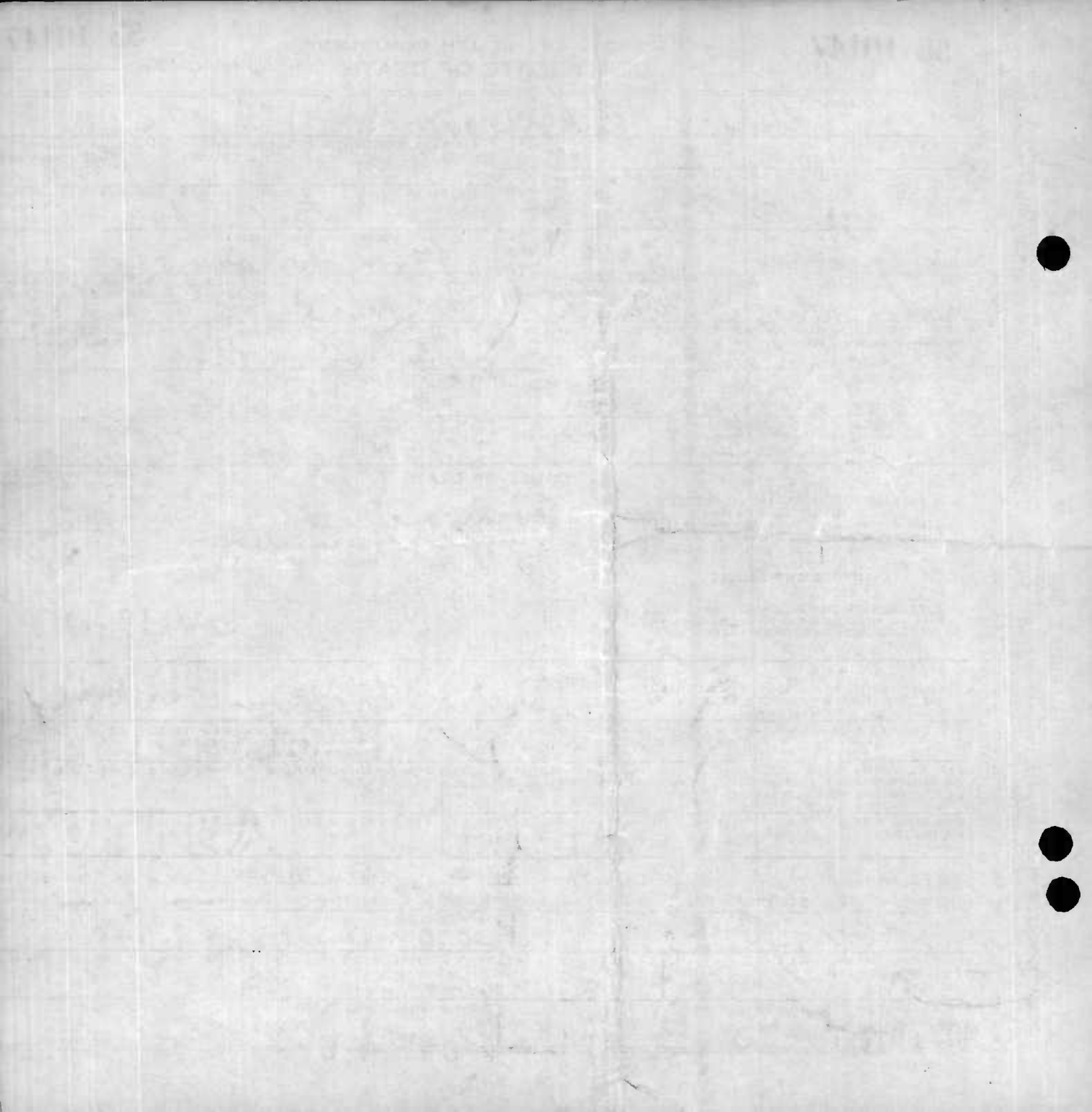
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

1800 Cook St, 217 St. Paul St.

ADDRESS



F-600

53 10148

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10148

BIRTH NO.

1. NAME OF DECEASED (Type or Print) BENJAMIN WOODROW FRY		2. DATE OF DEATH Oct. 27, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Morgue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-05	
D. STREET ADDRESS (If rural, give location) 1718 Barclay Street			
5. Length of stay in Baltimore Yrs. Mos. Days	6. COLOR OR RACE Male White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 7, 1912
9. AGE (In years last birthday) 40	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief Engineer	10B. KIND OF BUSINESS OR INDUSTRY Boats	11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U. S. A.	13. FATHER'S NAME John B. Fry	14. MOTHER'S MAIDEN NAME Hattie L. Shuff	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no ---	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Hattie Fry, 1718 Barclay Street	

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Drowning

DUE TO

ANTECEDENT CAUSES

(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
harbor21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
Pier #4-Pratt St. 4/121D. TIME (Month) (Day) (Year) (Hour) OF INJURY
0 27, 1953 found 7:45 A.M.21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒21F. HOW DID INJURY OCCUR?
Found drowned

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
Nov. 3, 1953BURIAL, CREMATION, REMOVAL (Specify)
burial24B. DATE
11/19/5324C. NAME OF CEMETERY OR CREMATORY
Park Heights Cemetery24D. LOCATION (City, town, or county) (State)
Brunswick, MarylandRECEIVED BY
VIVIAN 181953REGISTRAR'S SIGNATURE
Huntington Williams25. FUNERAL DIRECTOR
Wm. Cook, Inc.

ADDRESS

1217 St. Paul Street

151

N990x

24055

RECEIVED BY THE
OFFICE OF THE
DIRECTOR OF THE
BUREAU OF THE
LAND OFFICE



W-340

WHEATLEY

53 10149

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10149

1. NAME OF DECEASED
(Type or Print)

Mary Elizabeth Wheatley

2. DATE
OF
DEATH

Nov. 16, 1953

3. PLACE OF DEATH:

Baltimore City, Maryland 1400 N. Lexington St.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE Maryland B. COUNTY5. FULL NAME OF (If not in hospital or institution, give street address or location)
Aged thamesia and Aged man's home6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 19-027. D. STREET ADDRESS (If rural, give location)
1400 N. Lexington St.

8. Yrs. Mos. Days

9. SEX

10. COLOR OR RACE

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

13. KIND OF BUSINESS OR INDUSTRY

14. FATHER'S NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. MOTHER'S MAIDEN NAME

18. INFORMANT ADDRESS

19. DATE OF BIRTH

20. AGE (In years last birthday)

21. If Under 1 Year Months: Days

22. If Under 24 Hours Hours: Min.

23. BIRTHPLACE (State or foreign country)

24. CITIZEN OF WHAT COUNTRY?

25. CAUSE OF DEATH

26. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

27. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

28. ANTECEDENT CAUSES

29. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

30. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

31. DATE OF OPERATION

32. MAJOR FINDINGS OF OPERATION

33. AUTOPSY?

34. DATE OF OPERATION

35. MAJOR FINDINGS OF OPERATION

36. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

37. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

38. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

39. TIME (Month) (Day) (Year) (Hour) OF INJURY

40. INJURY OCCURRED

41. HOW DID INJURY OCCUR?

42. I hereby certify that I attended the deceased from 1950, Jan, 19, to NOV. 16, 1953, that I last saw the deceased alive on NOV. 15, 1953, and that death occurred at 1:00 P.M., from the causes and on the date stated above.

43. SIGNATURE

44. ADDRESS

45. DATE SIGNED

46. BURIAL, CREMATION, REMOVAL (Specify)

47. DATE

48. NAME OF CEMETERY OR CREMATORY

49. LOCATION (City, town, or county) (State)

50. RECEIVED BY

51. REGISTRAR'S SIGNATURE

52. FUNERAL DIRECTOR

53. ADDRESS

54. DATE

55. VS 158

13-10-40

RECEIVED
OFFICE OF THE
ATTORNEY GENERAL

13-10-40

[Faint, mostly illegible handwritten text, possibly a letter or memorandum.]

TO :	FROM :	SUBJECT :
DATE :	PLACE :	REMARKS :

[Faint, mostly illegible handwritten text, possibly a letter or memorandum.]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 10150****53 10150**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Audrey E. Davidson**2. DATE
OF
DEATH**Nov. 15, 1953.**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

BALTIMOREB. FULL NAME OF
HOSPITAL OR
INSTITUTION**St. Agnes Hospital**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Arbutus

D. STREET ADDRESS (If rural, give location)

1110 Elm Road,

C. Length of stay in Baltimore

8 days.Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Married**

8. DATE OF BIRTH

6-26-19179. AGE (In years
last birthday)**36 yrs**If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Housewife**10B. KIND OF BUSINESS OR
INDUSTRY**Domestic**

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF
WHAT COUNTRY?**U.S.A.**

13. FATHER'S NAME

Frank Meyers**Dec'd**

14. MOTHER'S MAIDEN NAME

Eva WALTERMEYER Dec'd.15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**No****NONE**16. SOCIAL
SECURITY NO.**220-03-8806**

17. INFORMANT

Frank J. Davidson 1110 ELM ROAD.

ADDRESS

18. **678.5**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Pulmonary embolism**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11/9/5319B. CONDITION FOR WHICH OPERATION
WAS PERFORMED**Repair of cord C.S.**IF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **11/8**, 19**53**, to **11/15**, 19**53**, that I last saw the
deceased alive on **9 A.M. 11/15**, 19**53**, and that death occurred at **1 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE

Edward G. Givens

M. D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

11/15/5324A. BURIAL CREMA
TION. REMOVAL (Specify)**Burial**

24B. DATE

11-19-53

24C. NAME OF CEMETERY OR CREMATORY

BALTO. NATIONAL

24D. LOCATION (City, town, or county)

BALTIMORE Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR**NOV 18 1953**

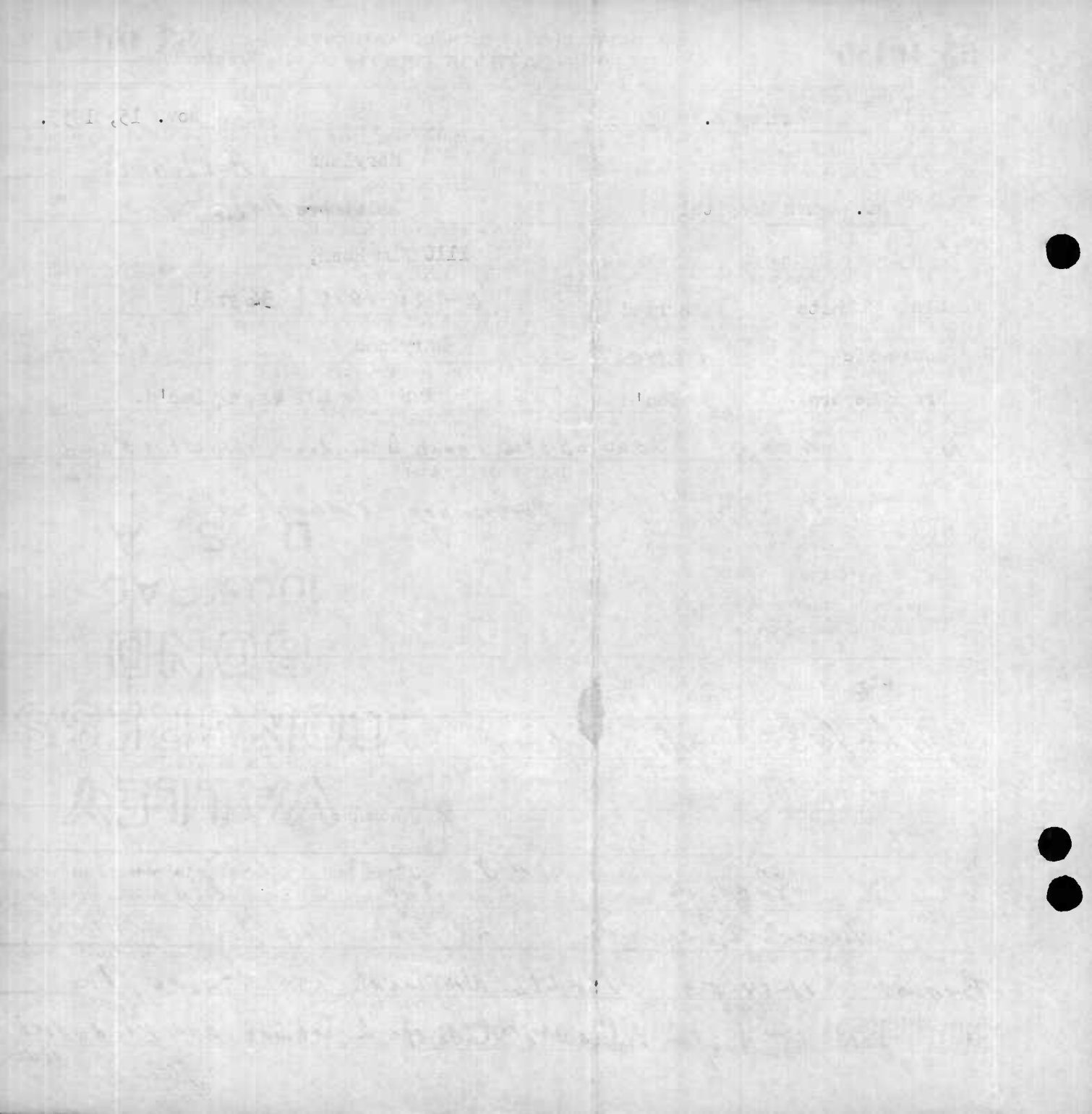
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

George A. Schwab 214 Frederick Ave.

ADDRESS



B-452

53 10151

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10151

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Yetta Blank

2. DATE
OF
DEATH

11. 17. 1953.

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Sinai Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

27-17

42
c. Length of stay in Baltimore

40

Yrs.
Mos.
Days

O. STREET ADDRESS (If rural, give location)

LEVINDALE - GREENSPRING + BELVEDERE

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

9. AGE (In years,
last birthday)

82

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

NOT KNOWN

14. MOTHER'S MAIDEN NAME

NOT KNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

H. ABRAVOWITZ - 2900 SPRINGHILL AVE

18. 241X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cardiac failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Auricular fibrillation

DUE TO

(C)

Bronchial Asthma

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11. 12. , 1953, to 11. 17. , 1953 that I last saw the
deceased alive on 11. 17. , 1953, and that death occurred at 4 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Morris M. Goldbers

M. O.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

11. 17. 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11-18-1953

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county)

Balto

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

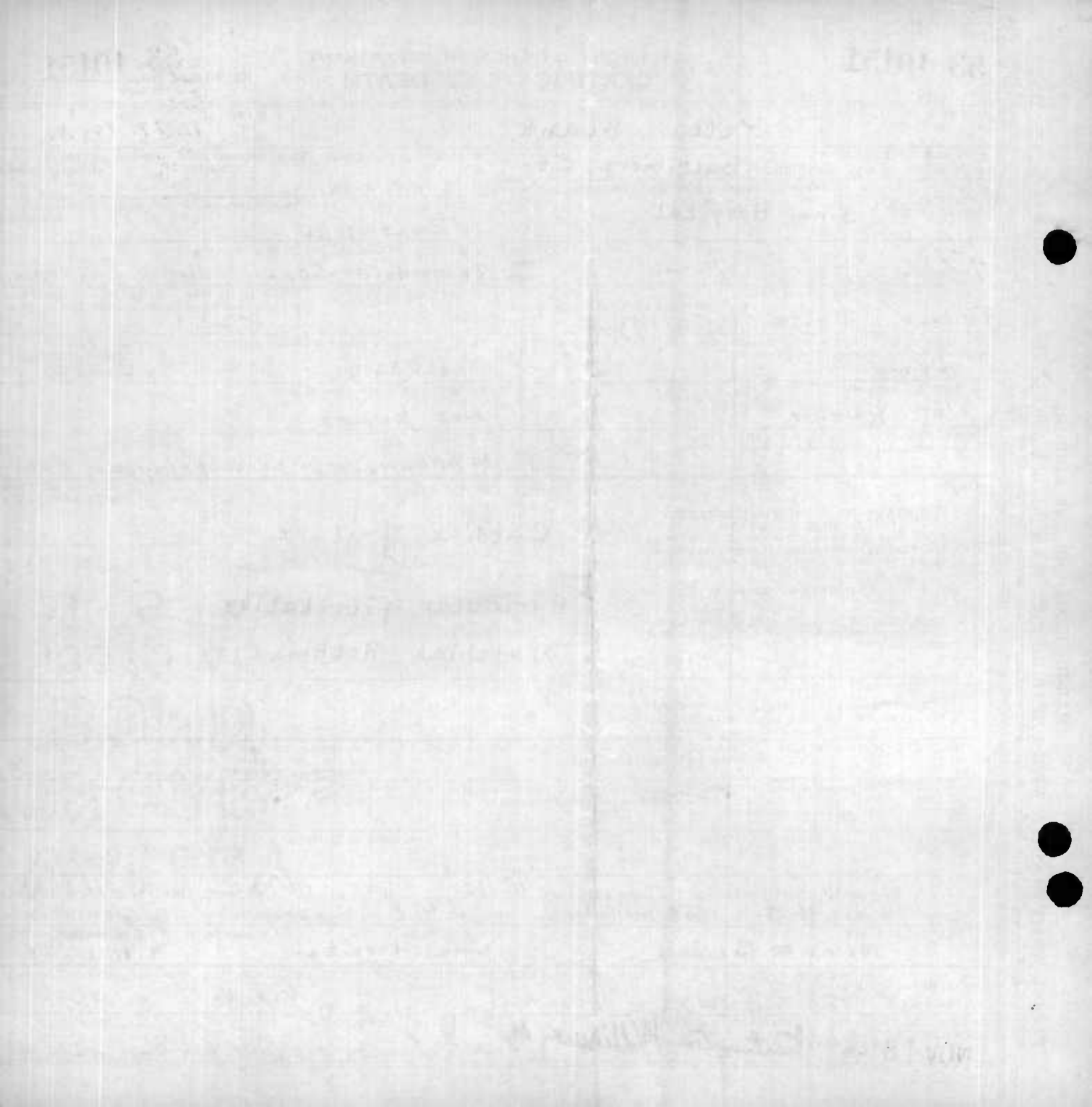
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 18 1953

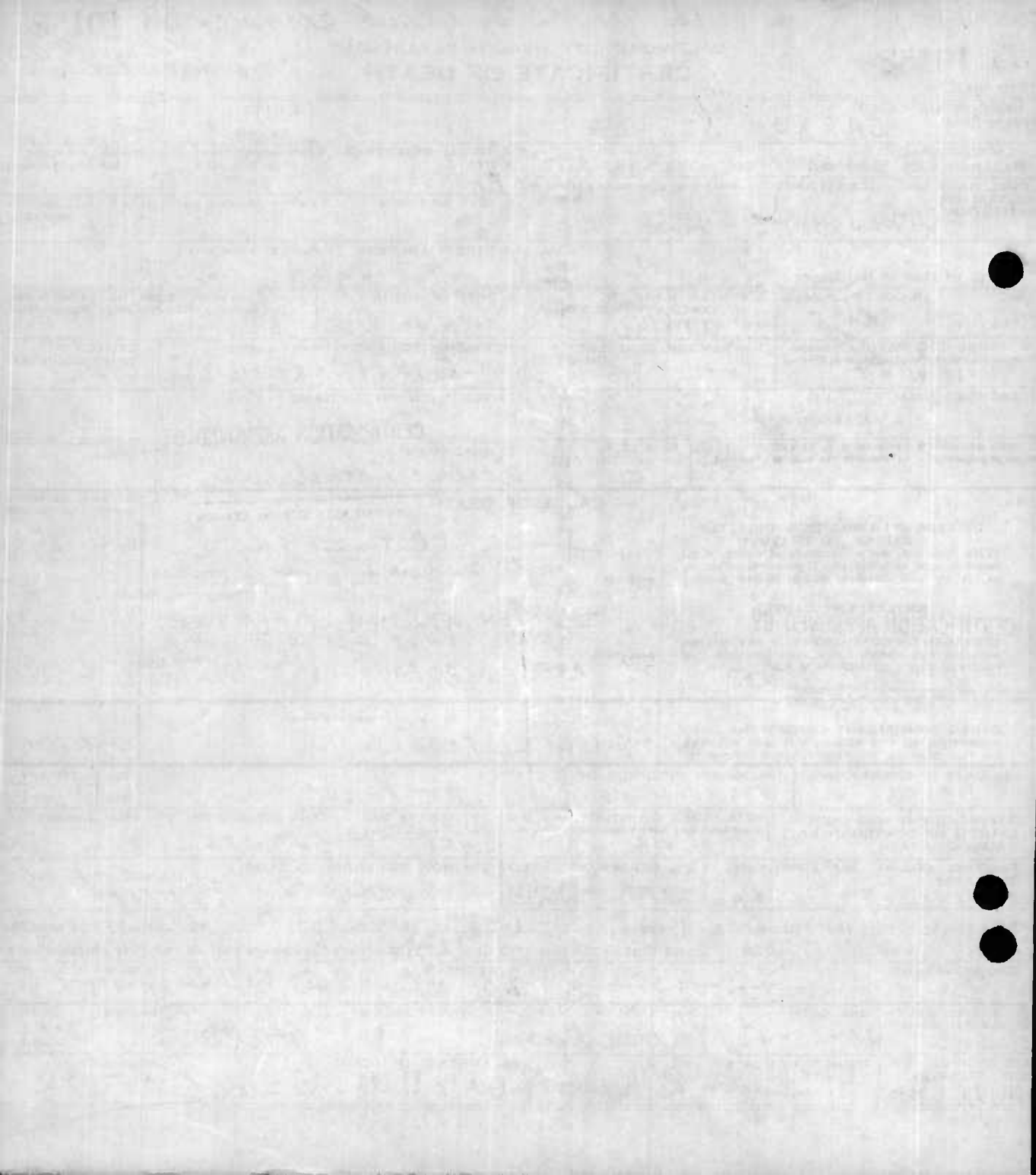
Huntington Williams, M.D. 2100 Eutaw PL



S-160
53 10152

For Approval by Medical EXAMINER 53 10152
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
Registered No. 11/17/53

1. NAME OF DECEASED (Type or Print) SARAH SOPHER		2. DATE OF DEATH 11/17/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland Church Home + Hospital		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE	
5. FULL NAME OF (If not in hospital or institution, give street address or location) CHURCH HOME + HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 13-04	
6. Length of stay in Baltimore 47 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1717 GWYNN FALLS PKWY	
7. SEX FEMALE	8. COLOR OR RACE WHITE	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	10. DATE OF BIRTH December 15, 1893
11. AGE (In years last birthday) 69		12. If Under 1 Year Months: Days	13. If Under 24 Hours Hours: Min.
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		15. KIND OF BUSINESS OR INDUSTRY	
16. FATHER'S NAME UNKNOWN		17. MOTHER'S MAIDEN NAME	
18. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		19. SOCIAL SECURITY NO.	
20. CERTIFICATION APPROVED BY LENA GOODMAN		21. ADDRESS	
22. 18. E 903.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Atelectasis - Massive with cardiovascular renal failure DUE TO Following (B) OPEN REDUCTION OF FRACTURE OF NECK OF LT FEMUR & PINNING DUE TO (C) OSTEOPOROSIS & SPONTANEOUS FRACTURE		23. CAUSE OF DEATH CHIEF OR ASST. MEDICAL EXAMINER. Hyperferemic CV Disease ARTERIOSCLEROSIS	
24. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11/13/53 M. D.		25. INTERVAL BETWEEN ONSET AND DEATH 11/14/53 - 11/17/53 11/13/53 - 11/17/53 11/10/53 - 11/17/53 MANY YEARS	
26. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		27. CHIEF OR ASST. MEDICAL EXAMINER	
28. 19A. DATE OF OPERATION 11/13/53	29. 19B. MAJOR FINDINGS OF OPERATION FRACTURE NECK OF LEFT FEMUR		30. 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
31. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	32. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) HOME	33. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) HOME: 1717 GWYNN FALLS PKWY CITY	
34. 21D. TIME (Month) (Day) (Year) (Hour) 11/10/53 8:00 AM	35. 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	36. 21F. HOW DID INJURY OCCUR? Tripped + Fell TO FLOOR	
37. 22. I hereby certify that I attended the deceased from 11-10-53 , to 11-17 , 19 53 , that I last saw the deceased alive on 11/17/53 , and that death occurred at 12:30 AM , from the causes and on the date stated above.			
38. 23A. SIGNATURE Benjamin Jones M. D.		39. 23B. ADDRESS 1201 N. Calvert St, Baltimore	
40. 23C. DATE SIGNED 11-17-53		41. 24. BURIAL, CREMATION, REMOVAL (Specify) burial	
42. 24B. DATE 11-18-53		43. 24C. NAME OF CEMETERY OR CREMATORY Rosedale	
44. 24D. LOCATION (City, town, or county) Balto		45. 24E. (State) Md	
46. 25. FUNERAL DIRECTOR Huntington Williams, 1101		47. 25. ADDRESS 1101 N. Calvert St, Baltimore	



53-435

53 10153

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 10153

RTH NO.

NAME OF DECEASED
(Type or Print)

EDWARD FELDMAN

2. DATE
OF
DEATH

November 17/53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

5001 Chalgrove Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-17

D. STREET ADDRESS (If rural, give location)

5001 Chalgrove Ave.

Length of stay in Baltimore

Life

SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Dec. 15, 1899

9. AGE (In years last birthday)

53

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)

Executive

10B. KIND OF BUSINESS OR INDUSTRY

Clothing Business

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

FATHER'S NAME

Samuel Feldman

14. MOTHER'S MAIDEN NAME

Lena Levin

13. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

no, or unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Rose Feldman - 5001 Chalgrove Ave

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH

instant one day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Coronary occlusion

1946

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21G. INJURY

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

I hereby certify that I attended the deceased from Dec 11, 1953 to November 17, 1953, that I last saw the deceased alive on Nov 17, 1953, and that death occurred at 11:55 A. m., from the causes and on the date stated above.

23A. SIGNATURE

W. L. Summa

23B. ADDRESS

4843 St. Hyacinth Ave

23C. DATE SIGNED

11/17/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

11/18/53

24C. NAME OF CEMETERY OR CREMATORY

Chick Amundson Rogers Co.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

NOV 18 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Chapman & Bros. 1124 W. North Ave

ADDRESS

29046

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 10154

T-6 54
53 10154

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EMMA E. Thornley

2. DATE
OF
DEATH

NOV 18 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Harsted 6*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

N. C.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

FAISON

D. STREET ADDRESS (If rural, give location)

BOX 314

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

female white

married

3-15-1881

72

10A. USUAL OCCUPATION (Give kind of
occupation during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Housewife

own home

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. *170X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CA OF BREAST

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ WORK
NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *11-12-1953* to *11-18-1953* that I last saw the
deceased alive on *11-18-1953* and that death occurred at *2:20 AM*, from the causes and on the date stated above.

23A. SIGNATURE

Donald G. Mulder

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

11-18-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Removal
DATE RECEIVED BY
LOCAL REGISTRAR11/18/53
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D. Sgl. Harrison + Bern - 1124-26 W. North
AvenueNOV 18 1953
VS 15

1881/5/3

53 10155

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10155

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Emma Weber Cooke

2. DATE
OF
DEATH

Nov 17-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4302 Homewood

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

at home

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Female white married

none none

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

3. FATHER'S NAME

August Weber

5. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

No No

16. SOCIAL SECURITY NO.

None

8. DATE OF BIRTH

June 21-1880

9. AGE (In years last birthday)

73

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

Emma Feldman

17. INFORMANT

Mrs. Wm. C. Cooke 4302 Homewood

ADDRESS

18. 155X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Liver

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

6 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Metastasis and General Anemia

DUE TO

3 months

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from Jan 1st, 1953 to Jan 17th, 1953 that I last saw the deceased alive on Jan 17th, 1953, and that death occurred at 5:45 m., from the causes and on the date stated above.

23A. SIGNATURE

J. A. Chataud

23B. ADDRESS

15 E. Biddle St

23C. DATE SIGNED

Jan 18-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov 19-53

24C. NAME OF CEMETERY OR CREMATORY

Grond Ridge

24D. LOCATION (City, town, or county)

Pikesville

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

Stewart Morris 108 W 7th

ADDRESS

VS 150

STATE OF NEW YORK
CERTIFICATE OF DEATH

Name of Deceased		Date of Death	
Place of Birth		Place of Death	
Age at Death		Sex	
Cause of Death		Manner of Death	
Signature of Physician		Signature of Registrar	
Date of Certificate		Place of Death	

R-240

53 10156

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10156

Registered No.

IRTH NO.

1. NAME OF DECEASED (Type or Print) William L. Russell		2. DATE OF DEATH Nov. 16, 1953	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 2715 Hudson St.		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
7. LENGTH OF STAY IN BALTIMORE ?		8. STREET ADDRESS (If rural, give location) 2715 Hudson St.	
9. SEX Male	10. COLOR OR RACE White	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	12. DATE OF BIRTH Jan. 7, 1899
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman		14. AGE (In years last birthday) 54	
15. KIND OF BUSINESS OR INDUSTRY Amer. Smelt. & Refinery Co.		16. CITIZEN OF WHAT COUNTRY? U.S.A.	
17. FATHER'S NAME ?		18. MOTHER'S MAIDEN NAME ?	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) NO		20. SOCIAL SECURITY NO. 212-10-1026	
21. INFORMANT Anna Russell		22. ADDRESS 2715 Hudson St.	
23. CAUSE OF DEATH I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 443X Hypertensive C. V. Disease Dt. hemiplegia Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cerebral Hemorrhage Interval between onset and death 10-29-53 11-13-53		24. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. None	
25. DATE OF OPERATION None		26. MAJOR FINDINGS OF OPERATION None	
27. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
28. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None		29. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) None	
30. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) None		31. HOW DID INJURY OCCUR? None	
32. TIME (Month) (Day) (Year) (Hour) None		33. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> OR AT WORK <input type="checkbox"/>	
I hereby certify that I attended the deceased from 10-29-1953 to 11-16-1953, that I last saw the deceased alive on Nov 16, 1953, and that death occurred at 8:30 PM., from the causes and on the date stated above.			
34. SIGNATURE E. G. Schumacher		35. ADDRESS 8428 East Ave	
36. DATE 11-17-53			
37. BURIAL, CREMATION, REMOVAL (Specify) Burial		38. DATE 11-19-1953	
39. NAME OF CEMETERY OR CREMATORY Sacred Heart of Jesus German Hill Rd. Md.		40. LOCATION (City, town, or county) (State) Baltimore Md.	
41. REGISTRAR'S SIGNATURE Huntington Williams, M.D.		42. FUNERAL DIRECTOR John J. Duda, Inc.	
43. ADDRESS 2829 Hudson St.			

5233C

5-320

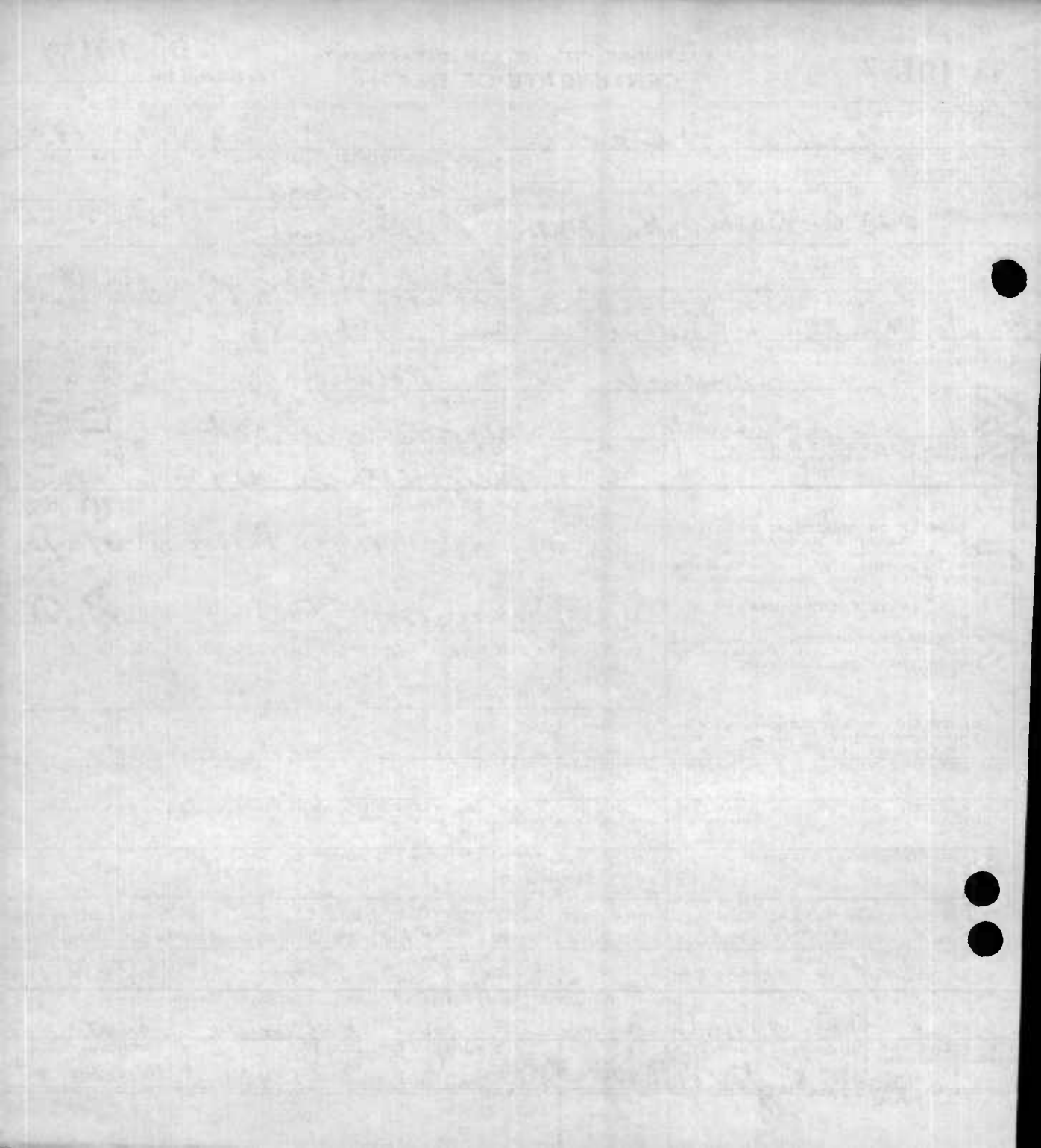
53 10157

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10157

Registered No.

1. NAME OF DECEASED (Type or Print) <i>Teresa Ustach</i>		2. DATE OF DEATH <i>Nov. 17 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>523 S. Washington Street</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 2-03</i>	
D. STREET ADDRESS (If rural, give location) <i>523 S. Washington Street</i>		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Aug. 1867</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>	9. AGE (In years, last birthday) <i>86</i>
13. FATHER'S NAME <i>Peter Januchowski</i>		14. MOTHER'S MAIDEN NAME <i>Kepomuczna Kobienczycki</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Philiz Ustach</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
18. <i>442X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>TERMINAL BRONCHO-PNEUMONIA</i> DUE TO (B) <i>ARTERIOSCLEROTIC CARDIO - VASCULAR, RENAL DISEASE</i> DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH <i>11/15/53</i> <i>8/16/52</i>		19. MAJOR FINDINGS OF OPERATION <i>NONE</i>	
19A. DATE OF OPERATION <i>NONE</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>August 16 1952</i> to <i>Nov. 17, 1953</i> , that I last saw the deceased alive on <i>Nov. 17, 1953</i> , and that death occurred at <i>9:45 Am.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Joseph F. Oranga</i>		23B. ADDRESS <i>209 S. Chester St.</i>	
23C. DATE SIGNED <i>Nov. 17, 1953</i>		23D. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Nov. 20 1953</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Rosary Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore County</i>
25. FUNERAL DIRECTOR <i>John M. Wilkey</i>	25. FUNERAL DIRECTOR ADDRESS <i>401 S. Chester St.</i>		



W-160

53 10158

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10158
Registered No.

BIRTH NO. 50-23667

1. NAME OF DECEASED
(Type or Print)

KENNETH

C.

WEAVER

2. DATE
OF
DEATH

November 15, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION South Balto. General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

806 Sea Gull Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Nov. 1, 1950

9. AGE (In years

last birthday)

3

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Child

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A

13. FATHER'S NAME

John Weaver

14. MOTHER'S MAIDEN NAME

Mamie Migull

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowns) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. John Weaver 806 Sea Gull Ave.

18. E 812.4

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Massive hemoperitoneum

DUE TO Rupture of spleen

ANTECEDENT CAUSES

(B) Fracture of skull

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Seagull Avenue 63' south of Bethune Rd.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

11-15-53 5:00 P.

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

pedestrian struck by automobile 25/32

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

11-16-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11-19-53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

NOV 18 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Mrs. Lawrence A. Hendry

ADDRESS

5784

VS 151

N 803.2

CERTIFICATE OF DEATH

Name

Age

Sex

Color

Residence

Occupation

Marital Status

Education

Religion

Place of Birth

Date of Birth

Time of Death

Cause of Death

Place of Death

Time of Death

Signature

Witness

Physician

Minister

Coroner

Registrar

Justice

Mayor

Recorder

Notary

Deputy

Assistant

Secretary

Clerk

Agent

Inspector

Officer

Guard

Patrolman

Detective

Investigator

Reporter

Editor

Printer

Publisher

Author

Artist

Designer

Illustrator

Composer

Musician

Dancer

Actor

Writer

Editor

Printer

Publisher

Author

Artist

Designer

Illustrator

Composer

Musician

Dancer

Actor

Writer

Editor

Printer

Publisher

Author

Artist

Designer

Illustrator

Composer

Musician

Dancer

Actor

Writer

Editor

Printer

Publisher

Author

Artist

Designer

Illustrator

Composer

Musician

Dancer

Actor

Writer

Editor

Printer

Publisher

Author

Artist

Designer

Illustrator

Composer

Musician

Dancer

Actor

Writer

Editor

Printer

Publisher

Author

Artist

Designer

Illustrator

Composer

Musician

Dancer

Actor

Writer

Editor

Printer

Publisher

53 10159

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 10159
36918

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ella Davis

2. DATE
OF
DEATH

11-16-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

1414 School St

C. CITY OR TOWN

Balto

(If outside corporate limits, write RURAL, and give township)

15-01

C. Length of stay in Baltimore

30 years

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1414 School St

5. SEX

7

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

1887

9. AGE (in years
last birthday)

66

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Home Wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pa

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Matthews Davis 1211 Lawrence St

18. 501X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Bronchopneumonia

DUE TO

one week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Bronchitis

DUE TO

5 years

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-15-1953, to 11-16-1953, that I last saw the
deceased alive on 11-16-1953, and that death occurred at 10 P. m., from the causes and on the date stated above

23A. SIGNATURE

Frank A. Saunders

M. D.

23B. ADDRESS

1029 N. Stricker St.

23C. DATE SIGNED

11-18-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11-20-53

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

S. Nelson 1303 Preston St

ADDRESS

NOV 18 1953

VS 150

100-1000

100-1000



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10160

BIRTH NO.

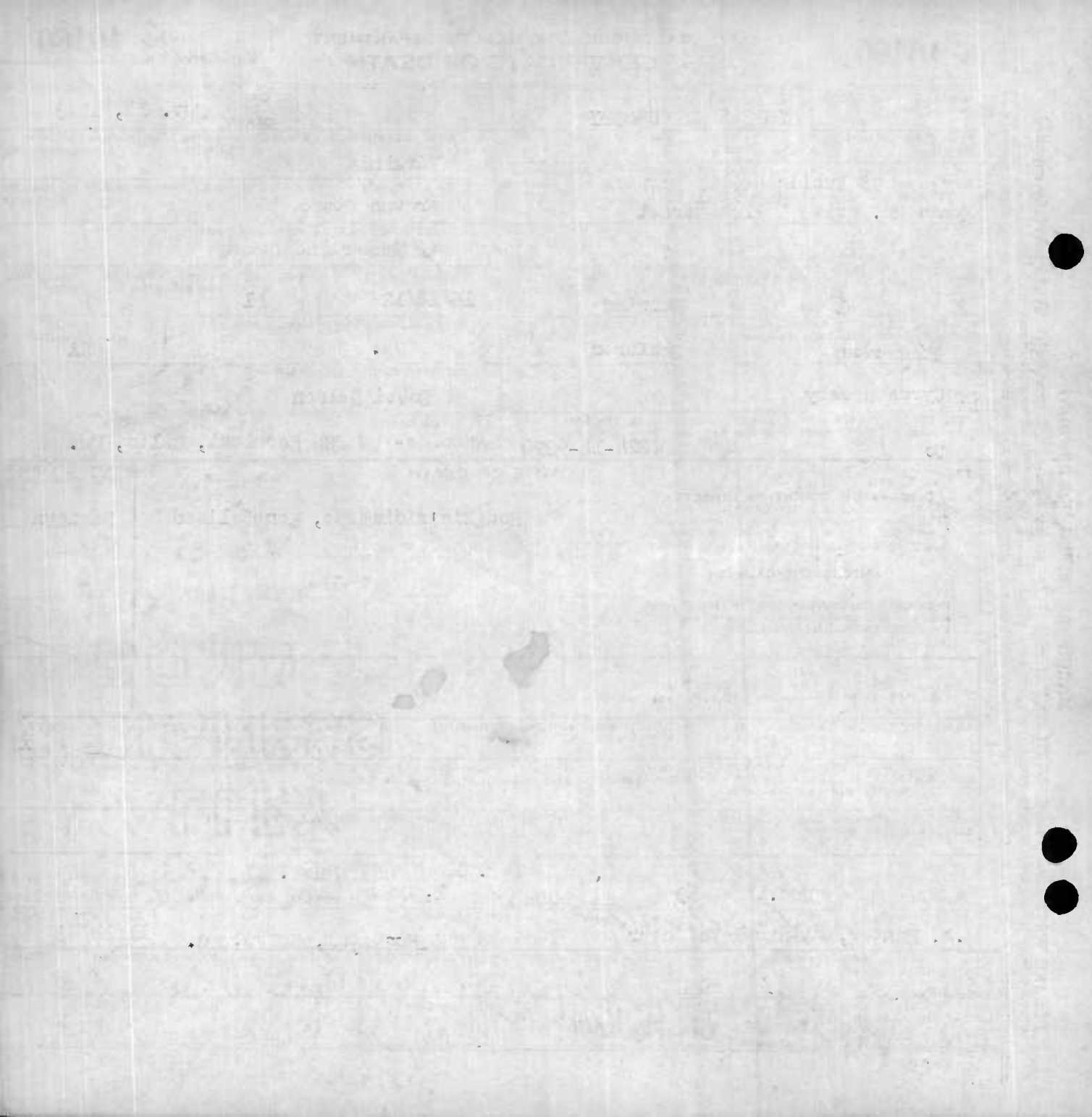
53 10160
Registered No.

1. NAME OF DECEASED (Type or Print) CYRUS HENRY CROSBY			2. DATE OF DEATH Nov. 17, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Virginia B. COUNTY V-43		
B. FULL NAME OF HOSPITAL OR INSTITUTION Wyman Pk. Drive & 31st Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Browns Store		
D. STREET ADDRESS (If rural, give location) Northumberland County			E. Length of stay in Baltimore ?		
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10/18/12	9. AGE (In years last birthday) 41	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fisherman		10B. KIND OF BUSINESS OR INDUSTRY seafarer	11. BIRTHPLACE (State or foreign country) Va.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Cyrus Crosby			14. MOTHER'S MAIDEN NAME Lotti Seldon		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 224-14-9390	17. INFORMANT ADDRESS Records- US PHS Hospital, Balto, Md.		

18. 201X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hodgkin's disease, generalized DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH Unknown	
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug. 16, 1953 , to Nov. 17, 1953 , that I last saw the deceased alive on Nov. 17, 1953 , and that death occurred at 1:30P m. , from the causes and on the date stated above.					
23A. SIGNATURE J.A. Hunter, Clinical Director		23B. ADDRESS US PHS Hospital, Balto, Md.		23C. DATE SIGNED 11/18/53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 11/19/53		24C. NAME OF CEMETERY OR CREMATORY Browns Store Northumberland Co, Va	
24D. LOCATION (City, town, or county) (State) Brown		24E. FUNERAL DIRECTOR Huntington Williams		24F. ADDRESS 1303	
DATE RECEIVED BY LOCAL REGISTRAR NOV 18 1953					

VS 150

9/042 Presstman



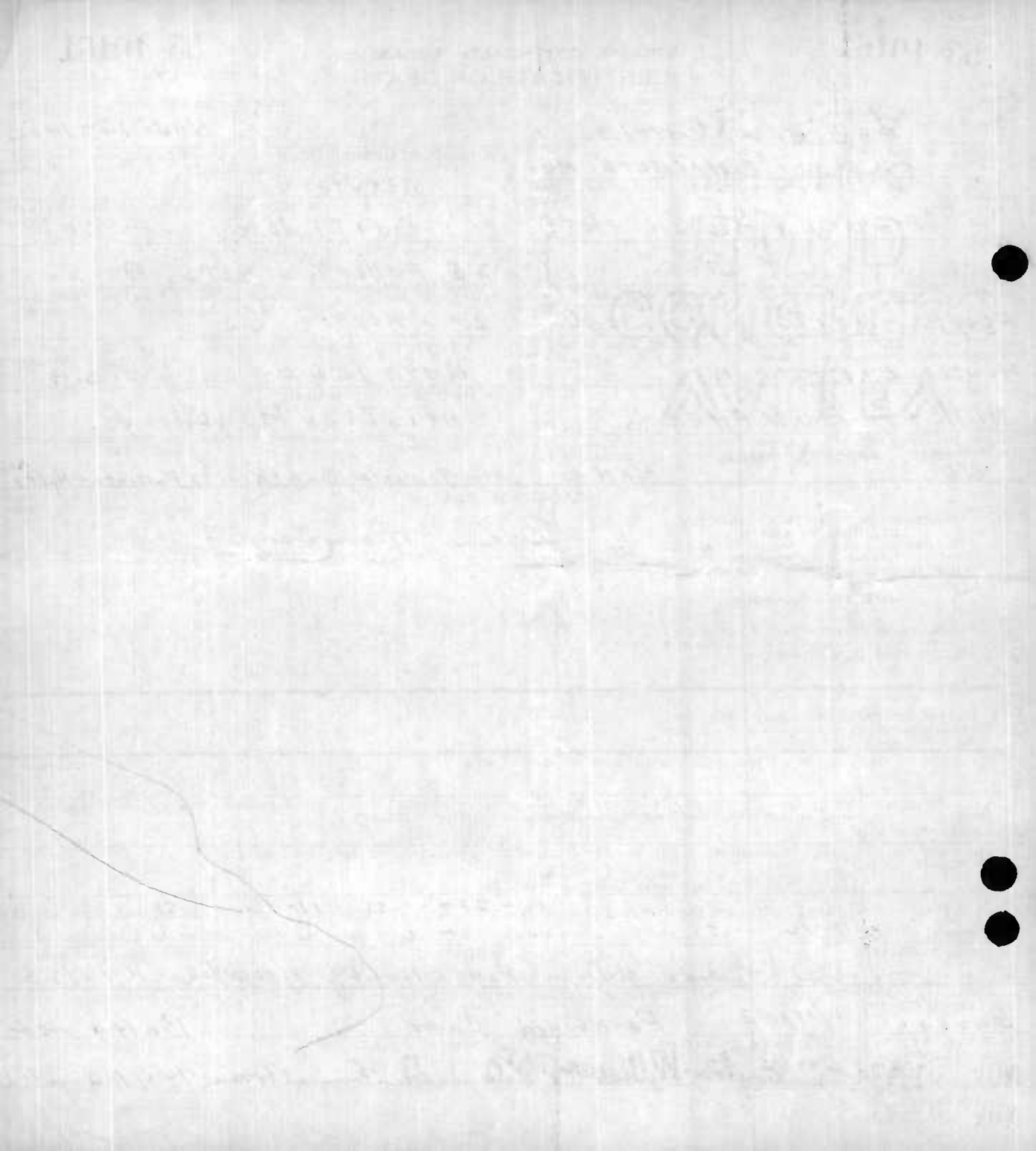
13-12-0
53 10161

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10161
Registered No.

BIRTH NO.		2. DATE OF DEATH NOV-16-1953	
1. NAME OF DECEASED (Type or Print) <i>BABIKOW, Carrie.</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore, Md.</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>BALTO.</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Franklin Square Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>5300</i>	
5. SEX <i>Female</i> 6. COLOR OR RACE <i>White</i> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		D. STREET ADDRESS (If rural, give location) <i>35 Fullerton Hgts. Aven.</i>	
8. DATE OF BIRTH <i>2-20-1891</i> 9. AGE (In years last birthday) <i>62</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Wife.</i>	
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>Millard HUMPHREYS.</i>		14. MOTHER'S MAIDEN NAME <i>Christian HUMPHREYS.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>NO</i>		16. SOCIAL SECURITY NO. <i>NONE</i>	
17. INFORMANT <i>Mr. W. Wesley Babikow</i>		ADDRESS <i>35 Fullerton Hgts. Aven.</i>	
18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
DUE TO (A) <i>Brain Hemorrhage -</i>			
DUE TO (B) _____			
DUE TO (C) _____			
19. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>10-27-</i> , 19 <i>53</i> , to <i>11-16</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>11-16</i> , 19 <i>53</i> , and that death occurred at <i>4 a.</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>J. Lee Prade M.D.</i>		23B. ADDRESS <i>Franklin Sq. Hospital</i>	
23C. DATE SIGNED <i>11/16/53</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11/18/53</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Parkwood Cem</i>		24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 18 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
VS. <i>NOV 18 1953</i>		25. FUNERAL DIRECTOR ADDRESS <i>Funeral Home 740/ Belair Rd</i>	

MEDICAL CERTIFICATION



-260

53 10162

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10162

1. NAME OF DECEASED (Type or Print) George T. Lassery			2. DATE OF DEATH Nov. 17, 1953		
3. PLACE OF DEATH: Baltimore City, Maryland 1704 X. Laurens			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Ma. B. COUNTY Baltimore		
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) None			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
6. LENGTH OF STAY IN BALTIMORE 64 Yrs			D. STREET ADDRESS (If rural, give location) 1704 Laurens St.		
7. SEX M	8. COLOR OR RACE C	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	10. DATE OF BIRTH Sept. 13, 1889		11. AGE (In years last birthday) 64
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber			13. BIRTHPLACE (State or foreign country) Baltimore, Md.		14. CITIZEN OF WHAT COUNTRY? U.S.A
15. FATHER'S NAME William A. Lassery			16. MOTHER'S MAIDEN NAME Maria Roberts		
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) es, no or unknown)			18. SOCIAL SECURITY NO.		19. INFORMANT Evelyn Harris
20. ADDRESS			21. ADDRESS Same		

18. 443 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Congestive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH ?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. A.H.C.V.		?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION Nov 16		19B. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 7 A. m.		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) Nov. 16, 1953		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct. 22, 1953 , to Nov. 17, 1953 , that I last saw the deceased alive on Nov. 16, 1953 , and that death occurred at 7 A. m. , from the causes and on the date stated above.				23. SIGNATURE George McDonald	
23A. ADDRESS 844 N. Carey St. Baltimore, Md.		23B. DATE SIGNED 11/17/53		23C. SIGNATURE Brooke Ruggold	
24A. BURIAL, CREMATION, REMOVAL (Specify) Nov 20-1953 Mt Zion Cemetery Baltimore Md		24B. DATE Nov 20-1953		24C. NAME OF CEMETERY OR CREMATORY Baltimore Md	
24D. LOCATION (City, town, or county) Baltimore Md		24E. NAME OF CEMETERY OR CREMATORY Baltimore Md		24F. LOCATION (City, town, or county) Baltimore Md	
25. FUNERAL RECEIVED BY LOCAL REGISTRAR OV 18 1953		25. FUNERAL DIRECTOR Huntington Williams, M.D.		25. FUNERAL DIRECTOR Brooke Ruggold 1463 N. Carey	

1944-1945

CERTIFICATE OF DEATH
FEDERAL BUREAU OF INVESTIGATION

FILE

Name of Deceased		Date of Death	
Place of Birth		Place of Death	
Occupation		Cause of Death	
Manner of Death		Signature of Physician	
Signature of Coroner		Signature of Registrar	
Signature of Medical Examiner		Signature of Police Officer	
Signature of Funeral Home		Signature of Burial Place	
Signature of Family		Signature of Witnesses	
Signature of Minister		Signature of Priest	
Signature of Rabbi		Signature of Imam	
Signature of Other		Signature of Other	

2-500

LEHANE

53 10163

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10163

BIRTH NO.

1. NAME OF DECEASED
Type or Print

Nellie S Lehane

2. DATE
OF
DEATH

11-16-53

3. PLACE OF DEATH:

Baltimore City, Maryland Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)
OSPITAL OR INSTITUTE Maryland General Hospital

5. Length of stay in Baltimore

45

Yrs.
Mos.
Days

6. SEX

F

7. COLOR OR RACE

W

8. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

9. A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At Home None

10. B. KIND OF BUSINESS OR
INDUSTRY

own Home

11. FATHER'S NAME

John Fitzgerald

12. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

No

13. SOCIAL
SECURITY NO.

None

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

Maryland

5. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 27-05

6. STREET ADDRESS (If rural, give location)

3509 Northern Parkway # 6

7. DATE OF BIRTH

Nov. 15, 1883

8. AGE (in years
last birthday)

70

9. If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10. BIRTHPLACE (State or foreign country)

Ireland

11. CITIZEN OF
WHAT COUNTRY?

U. S. A.

12. MOTHER'S MAIDEN NAME

Johanna ANNA. Cullity

13. INFORMANT

ADDRESS

Mr James T Lehane 3509 Northern Pky

14. E 900.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cardio-Renal failure

DUE TO

CERTIFICATION APPROVED BY

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C) Fracture shaft left femur

CHIEF OR ASST. MEDICAL EXAMINER.

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

15. DATE OF OPERATION

10-7-53

16. MAJOR FINDINGS OF OPERATION

Fracture shaft left femur

17. AUTOPSY?

YES ☐ NO ☒18. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH19. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

home

20. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Baltimore 2715

21. TIME (Month) (Day) (Year) (Hour)
OF INJURY

10-5-53

22. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

23. HOW DID INJURY OCCUR?

Fell downstairs

24. I hereby certify that I attended the deceased from 10-5, 1953, to Nov 16, 1953, that I last saw the
deceased alive on 11-16, 1953, and that death occurred at 8 P. M., from the causes and on the date stated above.

25. SIGNATURE

ERoffel

M. D.

26. ADDRESS

M G H

27. DATE SIGNED

11-16-53

28. A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

29. DATE

11/19/53

30. NAME OF CEMETERY OR CREMATORY

New Cathedral Cen

31. LOCATION (City, town, or county)

Baltimore Md

(State)

32. RECEIVED BY

REGISTRAR'S SIGNATURE

Huntington Williams

33. FUNERAL DIRECTOR

Lorraine Funeral Home

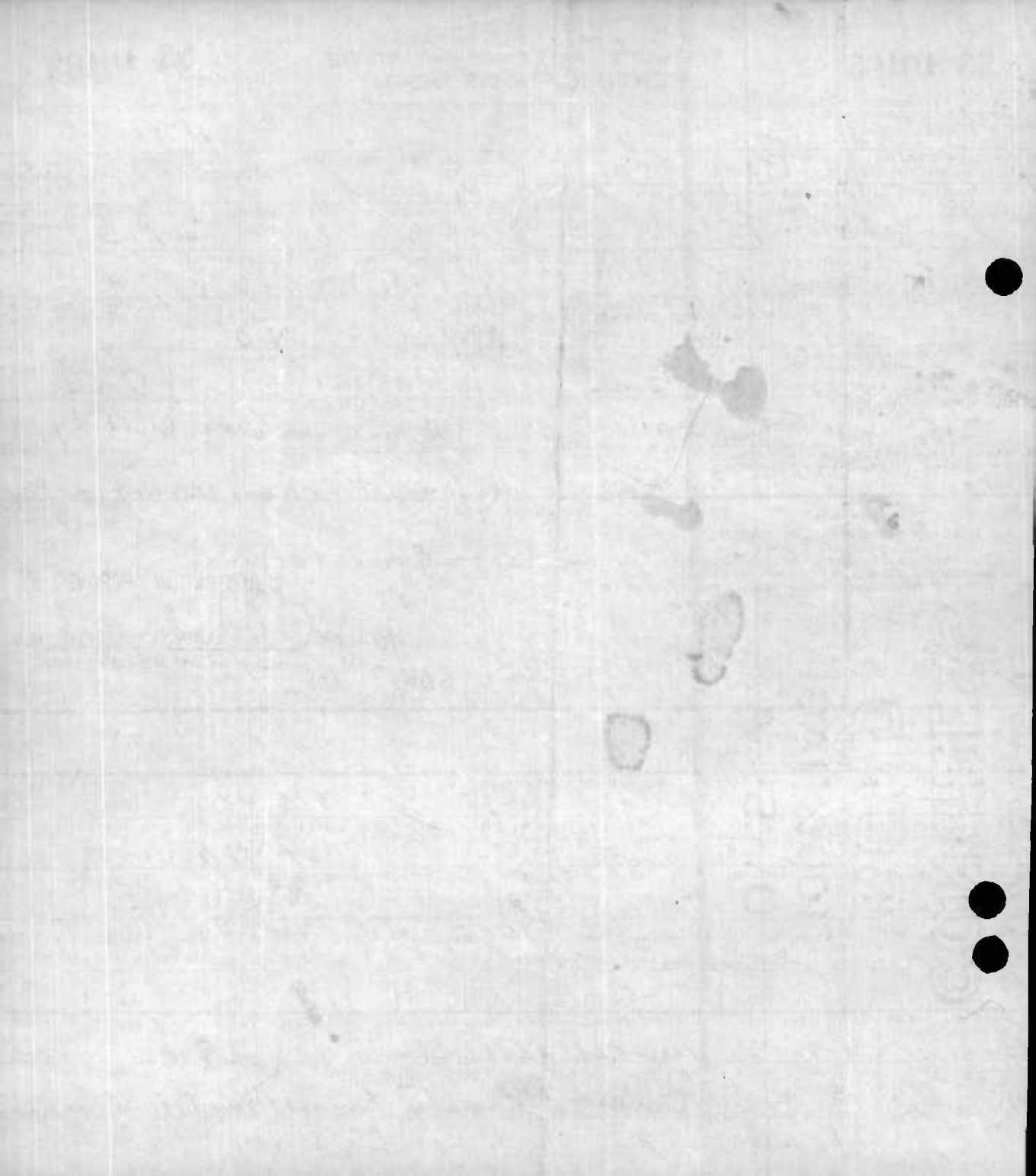
ADDRESS

7401 Belair Rd

VS 150

N 821.0

Released by Medical Examiner Approval



AB-175806 11-625

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10164

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Cecelia Morgan

2. DATE
OF
DEATH

Nov. 10-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

Baltimore City Hospitals

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

lmo.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

731 W. Fayette St. zone 2

5. SEX

F

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9. AGE (In years

last birthday)

85 ?

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT 4940 Eastern Ave. ADDRESS

Records: Baltimore City Hospitals

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Broncho pneumonia

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-17-1953, to 11-10-1953 that I last saw the deceased alive on 11-10-1953, and that death occurred at 2:15 PM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4940 Eastern Ave. Baltimore, Md. 11-11-1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

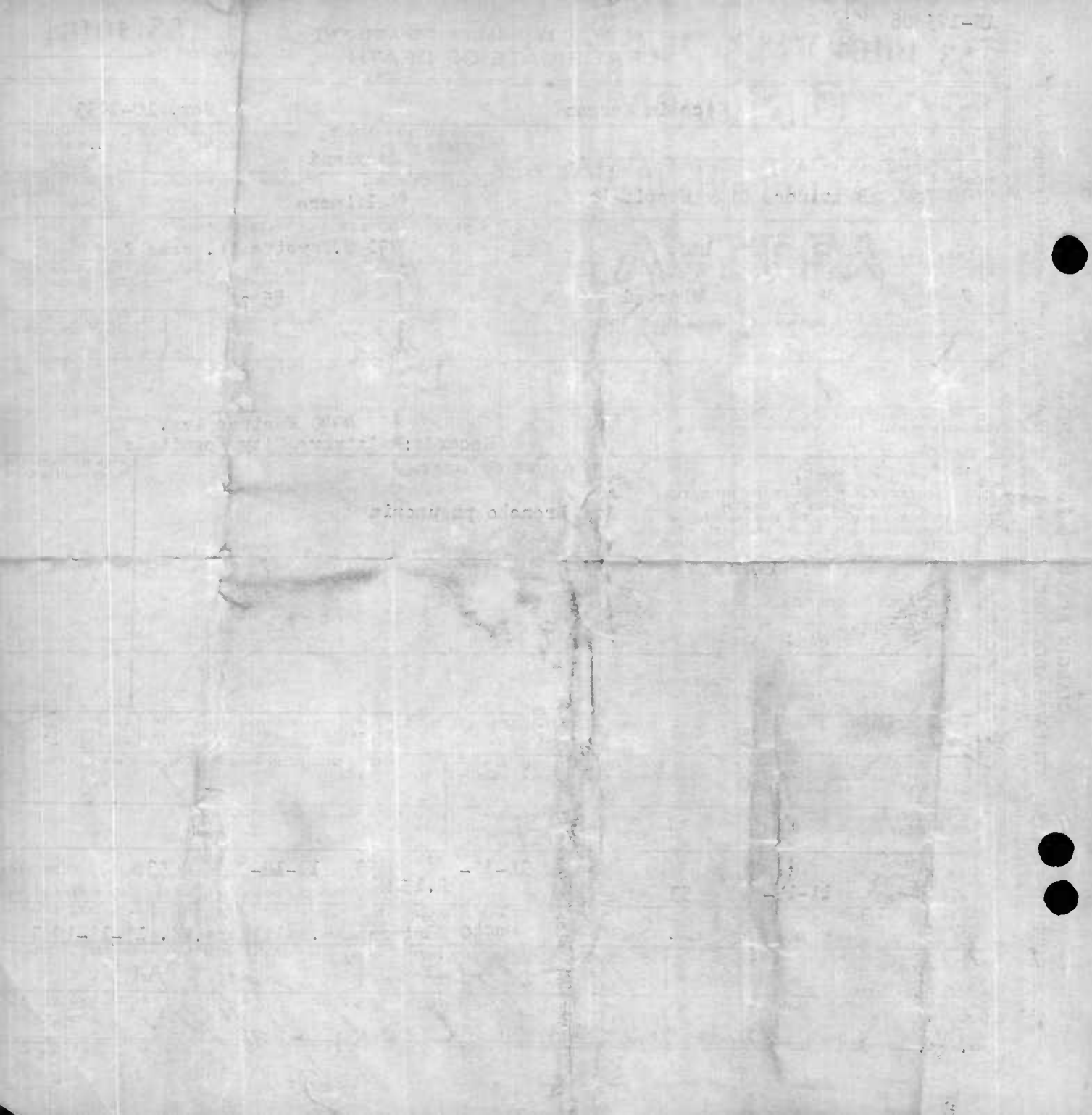
(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10165
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE

BRIDGES

(Briggs)

2. DATE
OF
DEATH

November 5, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

14-02

D. STREET ADDRESS (If rural, give location)

574 Wilson Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

Colored

Single

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

7/18/1903

9. AGE (in years
last birthday)

50

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Labor

10B. KIND OF BUSINESS OR
INDUSTRY

Construction Co

11. BIRTHPLACE (State or foreign country)

Ma

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

214-20-0739

17. INFORMANT

ADDRESS

H. West Green 1610 Penna Ave

18. E900.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Skull fracture

NDECO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

NDECO

(C) Contusion of brain

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

574 Wilson St.

14/2

21D. TIME (Month) (Day) (Year) (Hour)
of INJURY

Nov. 5, 1953

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☒
WORK AT WORK

21F. HOW DID INJURY OCCUR?

Fell down stairs from 3rd to 2nd floor

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William J. Sperry

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Nov. 6, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/16/1953

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 18 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

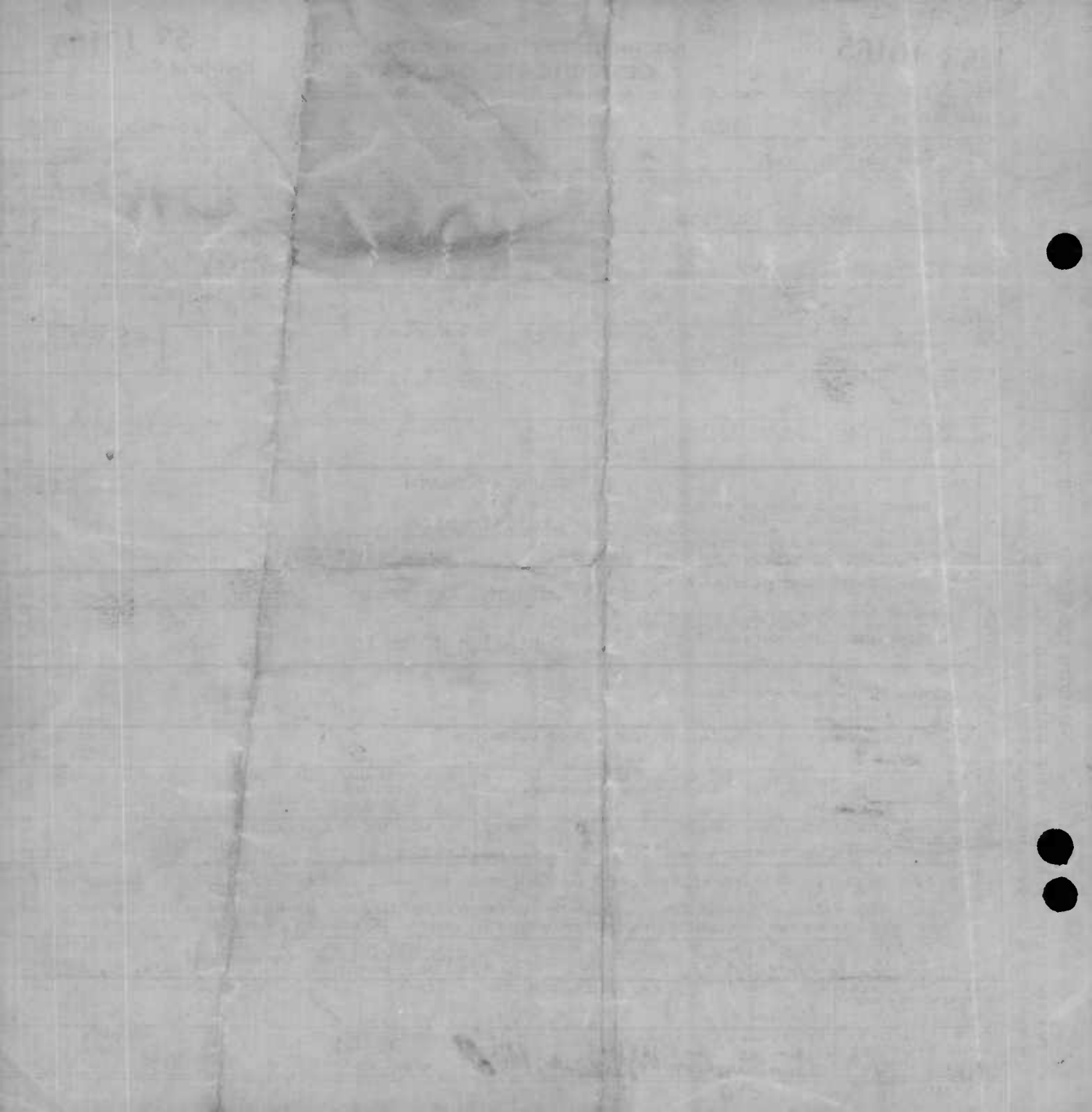
Halstead 918 Shreve Hilgus

VS 151

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97024



2-365

53 10166

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10166

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
George Milton Sterner		Nov. 17, 1953	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		A. STATE Maryland	
Length of stay in Baltimore		C. CITY OR TOWN Baltimore	
SEX Male		D. STREET ADDRESS (If rural, give location) 1523 Poplar Grove Street - 16	
6. COLOR OR RACE White		E. DATE OF BIRTH July 28, 1888	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		9. AGE (in years last birthday) 65	
8. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Leverman		10. KIND OF BUSINESS OR INDUSTRY P.R.R.	
11. BIRTHPLACE (State or foreign country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY? St.	
13. FATHER'S NAME George Sterner		14. MOTHER'S MAIDEN NAME Ellen Meckley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 717-07-7894	
17. INFORMANT Mrs. Hilaria S. Sterner		ADDRESS 1523 Poplar Grove	
18. CAUSE OF DEATH 401.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Sub Acute Bacterial Endocarditis DUE TO ANTECEDENT CAUSES Rheumatic Cardio-vascular disease Mitral Stenosis OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR?		(If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
I hereby certify that I attended the deceased from Oct. 27 th, 1953, to Nov. 17 th, 1953, that I last saw the deceased alive on Nov. 17 th, 1953, and that death occurred at 2:40 a. m., from the causes and on the date stated above.			
23A. SIGNATURE R. Preselli		23B. ADDRESS 1400 N. Caroline Street - 17	
23C. DATE SIGNED Nov. 17, 1953			
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 11/20/53	
24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem.		24D. LOCATION (City, town, or county) (State) Hanover, Pa.	
25. FUNERAL DIRECTOR Huntington Williams & Sons		26. ADDRESS Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 18 1953		VS 150	

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH

1911

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1953

1954

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 10167

53 10167

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jane Rosalia Casper

2. DATE
OF
DEATH

Nov 17, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Atlantic City

D. STREET ADDRESS (If rural, give location)

245 S. Vermont Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 410X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Rheumatic heart disease, with
severe aortic stenosis and cardiac
degeneration.

16 yrs.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 10-15-1953 to 11-17-1953, that I last saw the
deceased alive on 11-17-1953 and that death occurred at 4:20 p.m. from the causes and on the date stated above.

23A. SIGNATURE

Sidney Proton, M.D. M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

11/18/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 18 1953

Huntington Williams, M.D.

1126 N. North Ave

VALLEY
CONGRESS
BOND
U. S. A.

53 10168

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10168

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elizabeth J. Messick

2. DATE
OF DEATH November 17, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

307 Herring Court

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

307 Herring Court

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Sept. 24, 1870

9. AGE (In years
last birthday)

83

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Ret. Seamstress

10B. KIND OF BUSINESS OR
INDUSTRY

Self Employed

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

William Messick

14. MOTHER'S MAIDEN NAME

Anna Maley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Florence Webster, 3818 Hanover Street

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH—ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

WORK ☐

NOT WHILE

AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 53, to 11/17, 1953, that I last saw the
deceased alive on 11/16, 1953, and that death occurred at 8:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

11/19/53

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Parkville,

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 18 1953

Huntington Williams, M.D. & Son, Inc., 1217 St. Paul Street

2011-12

2011-12



53 10169

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10169
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Walter Manley Horn

2. DATE
OF
DEATH

November 17, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1774 Homestead Street

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1774 Homestead Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

May 10, 1882

9. AGE (In years,
last birthday)

71

11 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Accountant

10B. KIND OF BUSINESS OR
INDUSTRY

Self Employed

11. BIRTHPLACE (State or foreign country)

Philadelphia, Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Clemens Horn

14. MOTHER'S MAIDEN NAME

Anna G. Scheer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

--

16. SOCIAL
SECURITY NO.
212-05-9960

17. INFORMANT

Ralph M. Horn, 3905 Ednor Road

ADDRESS

18. 151X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cancer of Stomach

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

8 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 16, 1953, to Nov. 17, 1953, that I last saw the
deceased alive on Nov. 17, 1953, and that death occurred at 7:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

11/20/53

24C. NAME OF CEMETERY OR CREMATORY

Oakland Cemetery

24D. LOCATION (City, town, or county) (State)

Philadelphia, Pennsylvania

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

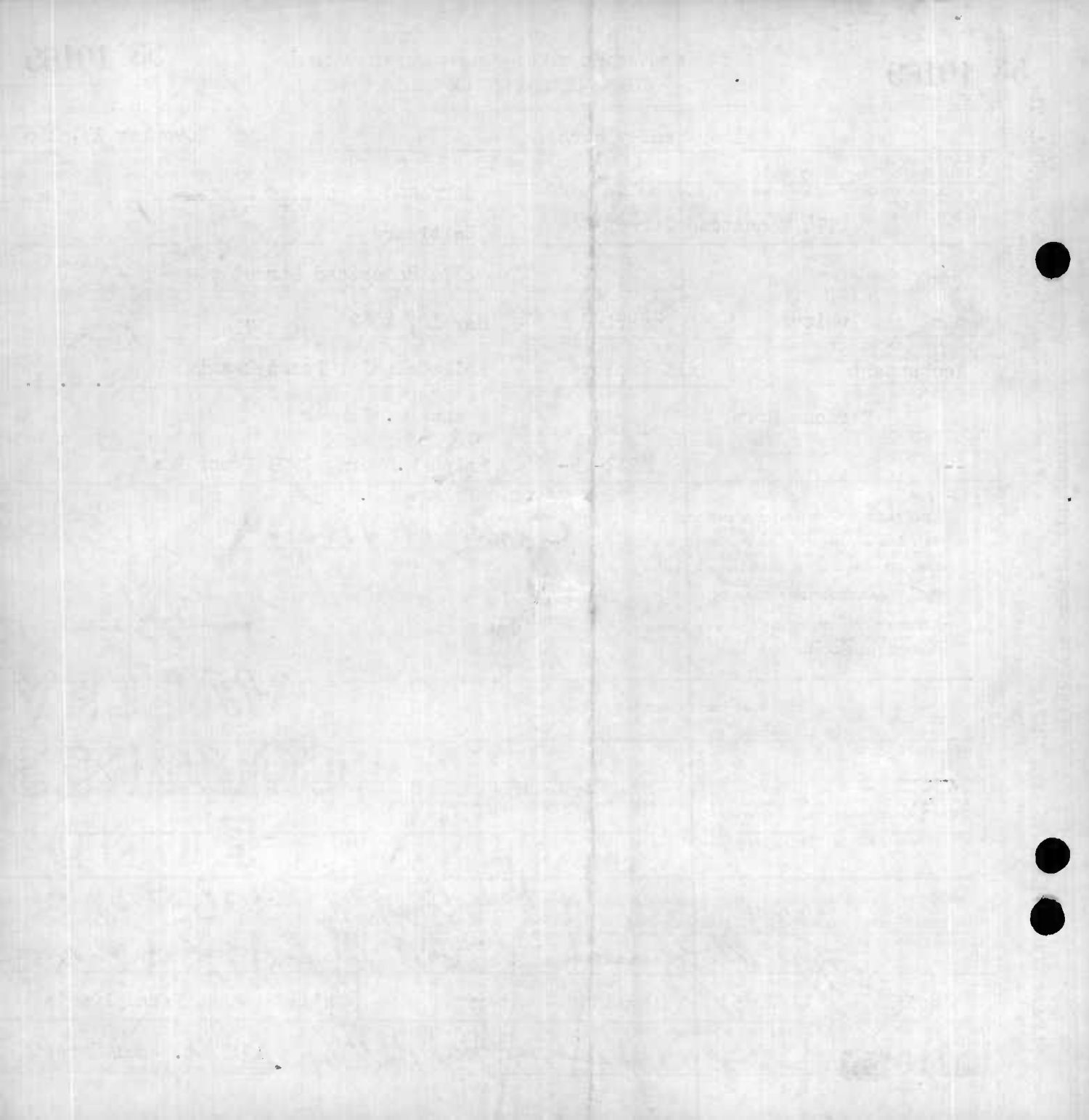
25. FUNERAL DIRECTOR

ADDRESS

NOV 18 1953

Huntington Williams, M.D. Dr. Cook, Inc.

1217 St. Paul Street



R-400
10170BALTIMORE CITY HEALTH DEPARTMENT
PATIENT
CERTIFICATE OF DEATH

Registered No. 53 10170

IRTH NO.

NAME OF DECEASED
(Type or Print)

Henry P. Reilly

2. DATE
OF
DEATH

11-16-53

PLACE OF DEATH:

Baltimore City, Maryland

Baltimore

FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Doctors Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Y. M. C. A.

Length of stay in Baltimore

LIFE

70- Yrs.
Mos.
Days

SEX

M

6. COLOR OR RACE

W

7. (SINGLE) MARRIED.
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Sept. 3, 1886

9. AGE (In years
last birthday)

64

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10. A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

Elevator operator

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Patrick Reilly

14. MOTHER'S MAIDEN NAME

Ostersefer, Helen

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

Geo.

17. INFORMANT

ADDRESS

Balt. City T. Doanor C. M.

18. 196x

I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Malnutrition and
Generalized Arteriosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., In or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/23/53, to 11-16-53, that I last saw the
deceased alive on 11-16, 1953, and that death occurred at 10:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

V. L. Richards

23B. ADDRESS

321 Dunkirk Rd

23C. DATE SIGNED

11/16/53

A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11/20/53

24C. NAME OF CEMETERY OR CREMATORY

HOLY REDEEMER

24D. LOCATION (City, town, or county)

BALTIMORE

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington William

25. FUNERAL DIRECTOR

H. S. SONS 405 SUFFOLK Rd.

ADDRESS

STATEMENT OF HEALTH DEPARTMENT
CERTIFICATE OF DEATH

CAUSE OF DEATH

58 10171

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10171

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY AGNES LOPEZ

2. DATE
OF
DEATH

11-16-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION MERCY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 28-04

D. STREET ADDRESS (If rural, give location)

405 EDSDALE RD., #29

37
c. Length of stay in Baltimore56 Yrs.
Mos.
7 Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

F

W

married

10-9-97

56

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Homemaker

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

John J. McGuinness

14. MOTHER'S MAIDEN NAME

Kennedy

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

218-01-8597

17. INFORMANT

Husband

ADDRESS

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Pulmonary Edema

12 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerotic cardiovascular dis. 3 yrs

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

✓

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-16, 1953, to 11-16, 1953, that I last saw the deceased alive on 11-16, 1953, and that death occurred at 12:35 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Charles F. Carroll, Jr.

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

11-16-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)DATE RECEIVED BY
LOCAL REGISTRAR

24B. DATE

REGISTRAR'S SIGNATURE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

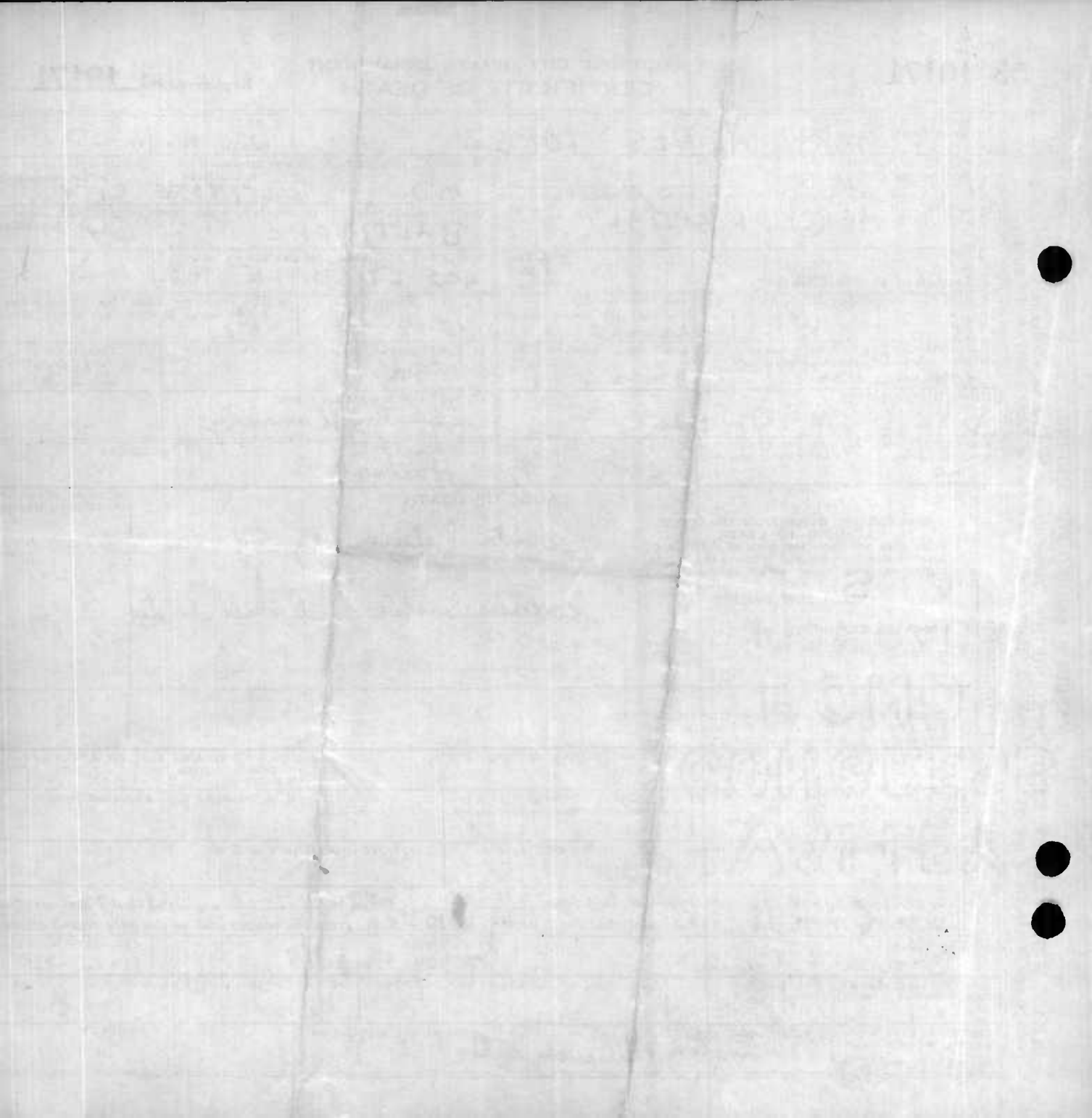
NOV 18 1953

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

F. J. FAY & SONS 4015 OFFOLK RD. - 18.



B. 653
10172BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10172
Registered No.

BIRTH NO.

NAME OF DECEASED
(Type or Print)

Helen M. Brender

2. DATE
OF
DEATH Nov. 16, 1953PLACE OF DEATH:
Baltimore City, MarylandFULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

140 S. Willard St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Md. B. COUNTY before admission)C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto.

D. STREET ADDRESS (If rural, give location)

140 S. Willard St.

Length of stay in Baltimore

SEX F. 6. COLOR OR RACE W. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

Feb. 23, 1907

9. AGE (in years last birthday) 46

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Seamstress

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles Whitmore

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

212-10-2773

17. INFORMANT

ADDRESS

Franklin J. Rainey, 140 S. Willard St.

18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

3 hrs -

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

none

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 3, 1953, to Nov 17, 1953, that I last saw the deceased alive on Nov 17, 1953, and that death occurred at 9:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

101 81223

Huntington Halliwell, Harry A. Witzke, 101 Edmondson Ave.

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

MEMORANDUM FOR THE DIRECTOR

RE: [Illegible]

DATE: [Illegible]

TO: [Illegible]

FROM: [Illegible]

SUBJECT: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

G-600
58 10173BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 58 10173

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Andrew M. Gray</i>		2. DATE OF DEATH <i>11/17/1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <input checked="" type="checkbox"/>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i> <i>Baltimore 2, Maryland</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore - 29 16-08</i>			
C. Length of stay in Baltimore <i>35</i>		D. STREET ADDRESS (If rural, give location) <i>643 N. Woodington Rd.</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>March 12, 1884</i>	9. AGE (In years last birthday) <i>69 yrs.</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Supl. Md. Biscuit Co.</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Illinois</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Robert Gray</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Wife</i> ADDRESS <i>643 N. Woodington Rd.</i>	
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Generalized arteriosclerosis</i> DUE TO		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Coronary artery disease with possible myocardial infarction</i> DUE TO <i>Pericarditis</i>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>✓</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <i>11/11, 1953</i> , to <i>11/17, 1953</i> that I last saw the deceased alive on <i>11/17, 1953</i> , and that death occurred at <i>8:50 A.M.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Walter H. Ryerly</i>		23B. ADDRESS <i>University Hosp. Balt.-17M</i>		23C. DATE SIGNED <i>11/17/1953</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11-20/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>		25. FUNERAL DIRECTOR <i>Harry H. Hutzle</i>		ADDRESS <i>4101 Edmond</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 18 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Harry H. Hutzle</i>	

11

12

13

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10174

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Poore, Roland E. Sr.

2. DATE
OF
DEATH

16 Nov '53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Md

B. COUNTY Balt

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location
INSTITUTION

Univ. Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Catonsville

D. STREET ADDRESS (If rural, give location)

27 Locust Dr

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

12 Feb 1885

9. AGE (In years
last birthday)

68

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Conductor

10B. KIND OF BUSINESS OR
INDUSTRY

BTO Railroad

11. BIRTHPLACE (State or foreign country)

Del

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Enoch

Poore

14. MOTHER'S MAIDEN NAME

Mary Taylor

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war nr dates of service)

unk-

16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

MRS ROSE POORE, 27 LOCUST DR.

18. 162X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Carcinoma of lung -
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) _____
DUE TO
(C) _____INTERVAL BETWEEN
ONSET AND DEATH

?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

Cardiac failure

30 hours.

19. DATE OF OPERATION

Jan 1953

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMED

Bronchogenic carcinoma

IF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 Nov 1953 to 16 Nov 1953 that I last saw the
deceased alive on 16 Nov 1953 and that death occurred at 1030 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Roland E. Gables

23B. ADDRESS

Univ. Hosp

23C. DATE SIGNED

17 Nov 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

ENTOMBMENT

24B. DATE

Nov. 20/53

24C. NAME OF CEMETERY OR CREMATORY

LORRAINE PARK

24D. LOCATION (City, town, or county)

WOODLAWN, MD.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Harold N. Nuttle

ADDRESS

4101 EDMONDSON AVE

C-450
10175BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10175

IRTH NO.

NAME OF DECEASED
(Type or Print)

MR. JOHN E. CULLEN

2. DATE
OF
DEATH

11-16-53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

BON SECOURS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Catonsville

5352

D. STREET ADDRESS (If rural, give location)

216 N. Beaumont Ave.

Length of stay in Baltimore Life

Yrs.
Mos.
Days

SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Representative

10B. KIND OF BUSINESS OR INDUSTRY

Dis. Spirit

9. FATHER'S NAME

John Cullen

8. DATE OF BIRTH

12-16-85

9. AGE (In years last birthday)

67

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

BALT, MD.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Oliva Darden

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Katharine Cullen, 216 N. Beaumont Ave.

18. 340.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) MENINGITIS
PNEUMOCOCCI
H. INFLUENZA

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) PNEUMONIA

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from 11-13, 1953, to 11-16, 1953, that I last saw the deceased alive on 11-16, 1953, and that death occurred at 8⁰⁵ P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

4A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1018181053

Huntington Williams

Harry H. Hutzler

4101 Edmondson Av

G-6 50
53 10176

AMENDED

12/9/53

ES

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

53 10176

BIRTH NO.		Kenneth	
1. NAME OF DECEASED (Type or Print) Charles K Greene		2. DATE OF DEATH 11/17/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore MD	
5. Length of stay in Baltimore 37 Yrs. 46 Mos. Days		D. STREET ADDRESS (If rural, give location) 3007 Northern Pkwy #14	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5/5/07
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 46
13. FATHER'S NAME Charles B. Greene		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Isabelle Kearney	
17. INFORMANT Mrs. Clara E. Greene-SAME		ADDRESS	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 157X Metastatic Carcinoma		INTERVAL BETWEEN ONSET AND DEATH 1 mo	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Head of pancreas (probable primary site)		(B) (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 11/17/53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from 11/5/53 , 19 53 , to 11/17/53 , 19 53 , that I last saw the deceased alive on 11/17 , 19 53 , and that death occurred at 7:10 pm. , from the causes and on the date stated above.		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
23A. SIGNATURE W. B. Scott		23B. ADDRESS Mercy Hospital	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-20-1953	
24C. NAME OF CEMETERY OR CREMATORY Morland Park		24D. LOCATION (City, town, or county) (State) Balto Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 18 1953		REGISTRAR'S SIGNATURE Huntington Williams	
VS 150		25. FUNERAL DIRECTOR Leonard J. Luck ADDRESS 5305 Bayford	

5124M

See query reply in Document file

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

REV. JOHN J. DONLON

2. DATE
OF
DEATH

11-17-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

MERCY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

MD.

BALTIMORE CITY

C. CITY OR TOWN

BALTIMORE

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

ST. DOMENIC RECTORY
HARFORD + GIBSON'S AVE.

c. Length of stay in Baltimore

78 Yrs.
6 Mos.
11 Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

5-6-1875

9. AGE (In years
last birthday)

78

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

PRIEST

10B. KIND OF BUSINESS OR
INDUSTRY

CATHOLIC CHURCH

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JOHN DONLON

14. MOTHER'S MAIDEN NAME

MARY MORAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

UNKNOWN

16. SOCIAL
SECURITY NO.

17. INFORMANT

SELF -

ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary Edema

DUE TO

20 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Myocardial Infarction

DUE TO

7 mos

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-2 1953, to 11-17 1953, that I last saw the
deceased alive on 11-17 1953, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Charles F. Carroll, Jr.

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

11-17-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-21-1953

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

BALTO

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Edward J. Luck 5305 Harford

ADDRESS

PLEASE WRITE IN PLAIN, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

D-250
53 10178
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10178
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Mary T. Dawson</i>			2. DATE OF DEATH <i>Nov. 17/1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto Md.</i>			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Balto. Md.</i> B. COUNTY <i>MD</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1604 Jackson St.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. Md.</i>		
c. Length of stay in Baltimore <i>50 yrs.</i>			D. STREET ADDRESS (If rural, give location) <i>1604 Jackson St.</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>11/20/1887</i>	9. AGE (In years, last birthday) <i>66</i>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Ireland</i>
13. FATHER'S NAME <i>James Mc Hale</i>			14. MOTHER'S MAIDEN NAME <i>Mary Mc Hale</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No.</i>			16. SOCIAL SECURITY NO. <i>No.</i>		17. INFORMANT <i>Mr. J. Dawson</i> ADDRESS <i>1604 Jackson St.</i>
18. <i>331X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Haemorrhage</i> DUE TO (A) <i>CAUSE OF DEATH</i>					INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Hypertension</i> DUE TO (B) <i>Arterio Sclerosis</i> (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>May</i> , 19 <i>48</i> to <i>11/16/53</i> , 19__, that I last saw the deceased alive on <i>11/16/53</i> , 19__, and that death occurred at <i>3 P. M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Dr. J. Mc Gath</i>			23B. ADDRESS <i>1 E Randall Av</i>		23C. DATE SIGNED <i>11/18/53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11/20/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral Cemetery</i>	
24D. LOCATION (City, town, or county) <i>Balto. Md.</i>		24E. LOCATION (State) <i>Md.</i>			
DATE RECEIVED BY REGISTRAR'S SIGNATURE <i>Nov 18 1953</i>			25. FUNERAL DIRECTOR <i>Charles J. Dill</i> ADDRESS <i>1501 E. Fort Ave.</i>		

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 10179**

BIRTH NO. **10179**

1. NAME OF DECEASED (Type or Print) JOHN CURTIS		2. DATE OF DEATH November 15, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 232 N. Gilmore Street	
7. SEX Male	8. COLOR OR RACE Colored	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	10. DATE OF BIRTH Aug. 13, 1898
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		12. KIND OF BUSINESS OR INDUSTRY	13. AGE (In years last birthday) 55
14. FATHER'S NAME Frank Curtis		15. CITIZEN OF WHAT COUNTRY? U.S.A	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		17. SOCIAL SECURITY NO.	
18. MOTHER'S NAME Mary		19. INFORMANT Mary Curtis	
20. ADDRESS 232 N. Gilmore St			

18. 163X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of the Lung DUE TO		INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. UTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an <u>inspection & inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE R. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 11-16-53

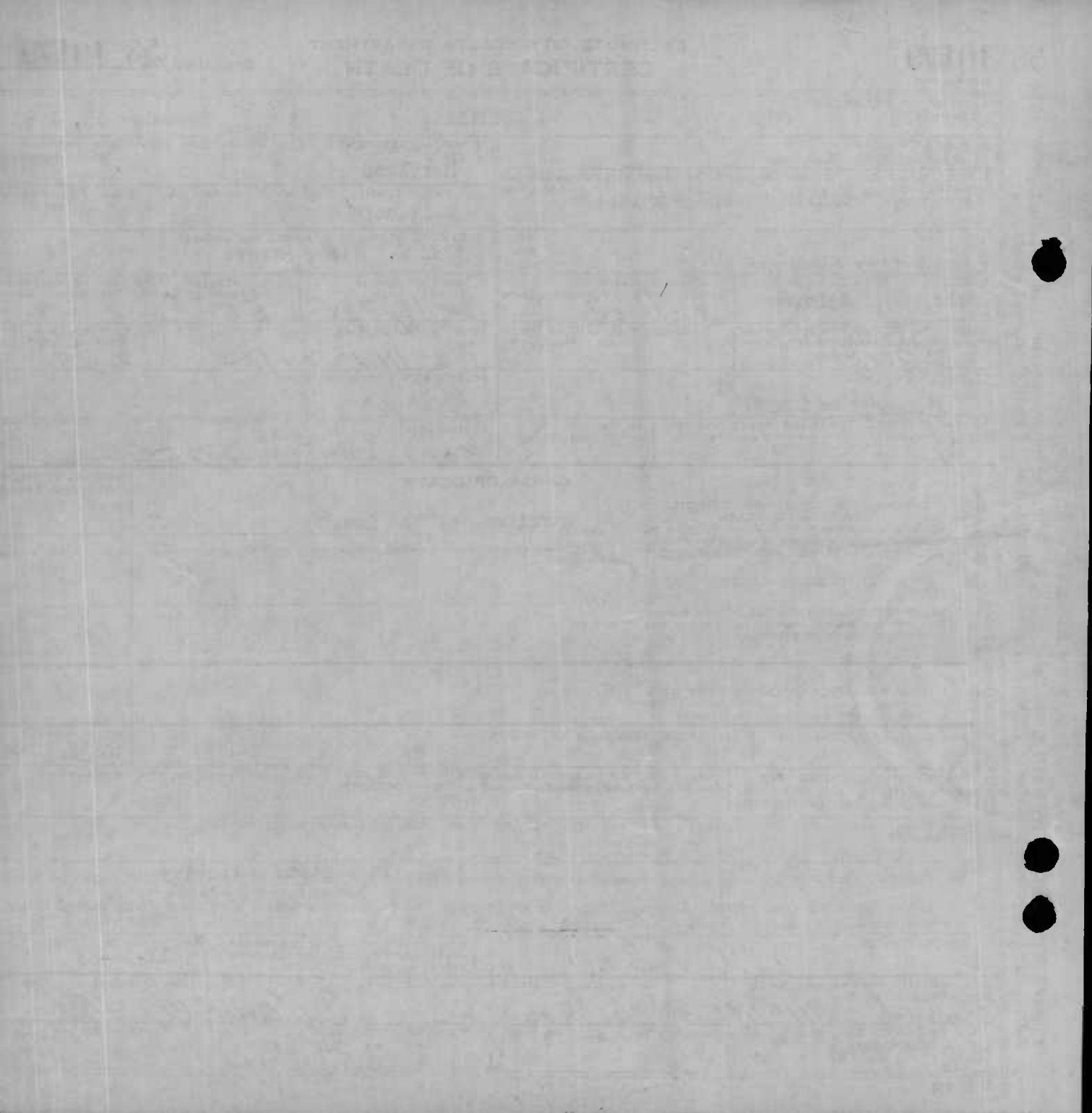
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/19/1953	24C. NAME OF CEMETERY OR CREMATORY Western Star	24D. LOCATION (City, town, or county) (State) Catonsville Md
DATE RECEIVED BY LOCAL REGISTRAR NOV 18 1953	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR Mrs. R. Williams	
ADDRESS 322 [Address]			

VS 151

97099

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 10180BIRTH NO. 53 101801. NAME OF DECEASED
(Type or Print)Walter Simpson2. DATE
OF
DEATHNov. 17 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

022B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)JOHNS HOPKINS HOSPITAL4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)md.Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

122 Walnut St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

Colored7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)married

B. DATE OF BIRTH

3-1-19029. AGE (In years
last birthday)51

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Steel worker10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Chester, S.C.12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Sub. Simpson

14. MOTHER'S MAIDEN NAME

Lilie ?15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)No16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL18. 526x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Bronchiectasis

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

11
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.Multiple lung abscesses

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/16, 1953, to 11/17, 1953, that I last saw the
deceased alive on 11/17, 1953, and that death occurred at 4:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Henry D. Wagner, Jr.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

Nov 17 5324A. BURIAL, CREMATION,
REMOVAL (Specify)

24B. DATE

Nov. 18/53

24C. NAME OF CEMETERY OR CREMATORY

Balto National Cem.

24D. LOCATION (City, town, or county)

Fredrick Rd.

(State)

md.DATE RECEIVED BY
LOCAL REGISTRAR

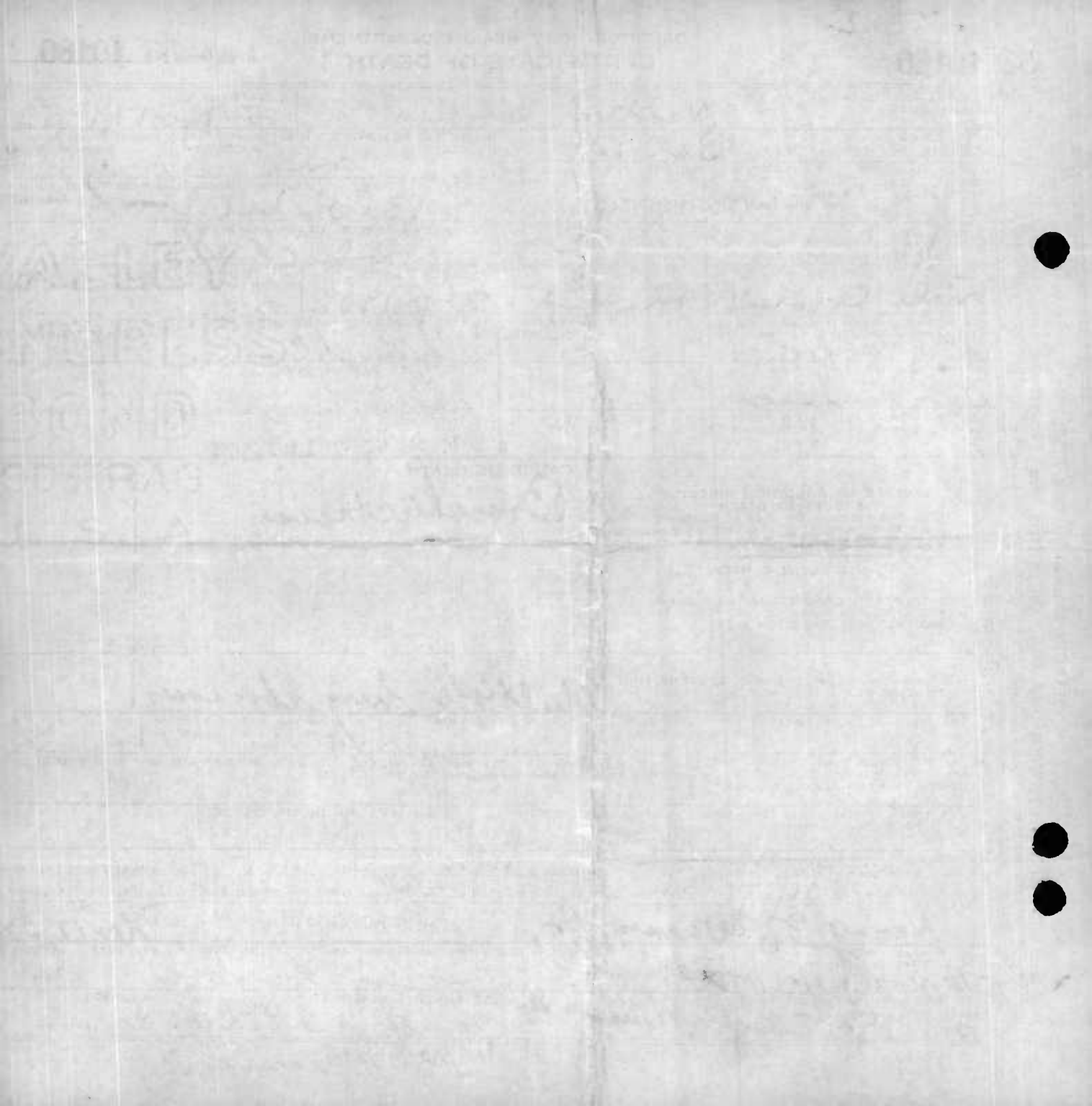
REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Mr. Robert A. Elliott & Daughter



MAF-176304 B-460

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10181

Registered No. _____

BIRTH NO. 53-26759

1. NAME OF DECEASED
(Type or Print)

Baby Boy Blair

2. DATE
OF DEATH Nov. 3, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYB. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Baltimore City HospitalsC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

4940 Eastern Ave.

D. STREET ADDRESS (If rural, give location)

210 W. Biddle St.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

Nov. 3, 1953

9. AGE (In years last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours Min.
10 20

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Walter Blair

14. MOTHER'S MAIDEN NAME

Estella Parham

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. 4940 Eastern Ave. (records)

18. 760.5

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Immaturity

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Atelectasis Right Lower Lobe Lung

DUE TO

(C) Subarachnoid Hemorrhage

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-3, 1953 to 11-3, 1953 that I last saw the deceased alive on 11-3, 1953, and that death occurred at 8:25pm., from the causes and on the date stated above.

23A. SIGNATURE

H. John Bon - M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

11-5-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Cremated

24B. DATE

11-4-1953

24C. NAME OF CEMETERY OR CREMATORY

Disposal

Baltimore City Hospitals

24D. LOCATION (City, town, or county) (State)

4940 Eastern Avenue

DATE RECEIVED BY LOCAL REGISTRAR

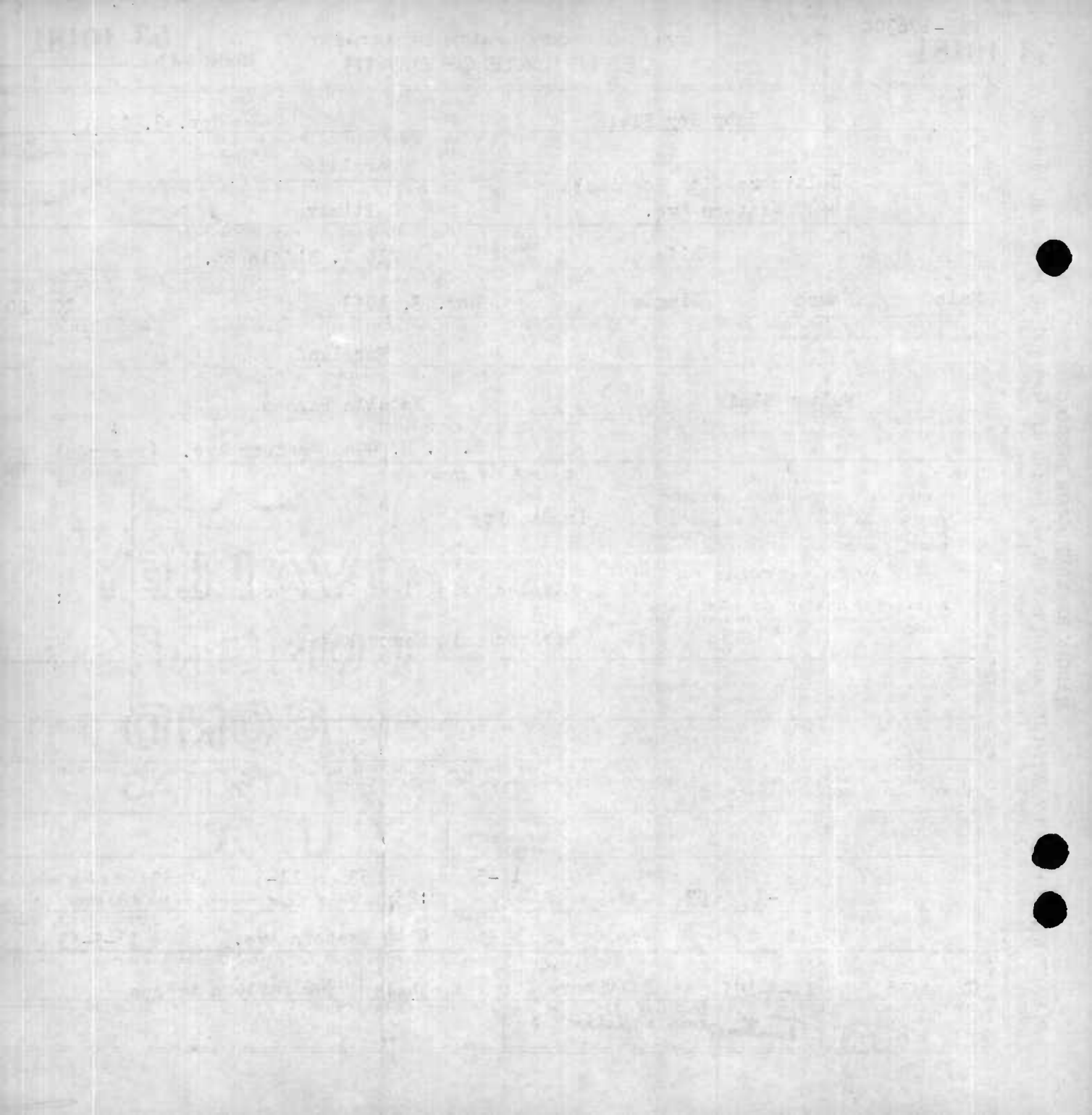
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

NOV 18 1953



FVJ 475975

10182

BIRTH NO. 53-25993

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10182

1. NAME OF DECEASED (Type or Print)			Baby Boy - Mary Johnson			2. DATE OF DEATH			10-30-1953		
3. PLACE OF DEATH:						4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)					
A. Baltimore City, Maryland						A. STATE Maryland					
B. FULL NAME OF (If not in hospital or institution, give street address or location)						C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
HOSPITAL OR INSTITUTION						Baltimore					
4940 Eastern Avenue						10-01					
c. Length of stay in Baltimore						D. STREET ADDRESS (If rural, give location)					
Life						1426 East Chase Street #13					
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years, last birthday)		10. Under 1 Year	
Male		Negro		Single		10-23-1953		6 Days		Months: Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)						11. BIRTHPLACE (State or foreign country)					
10B. KIND OF BUSINESS OR INDUSTRY						Maryland					
13. FATHER'S NAME						14. MOTHER'S MAIDEN NAME					
						Mary E. Johnson					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)				16. SOCIAL SECURITY NO.		17. INFORMANT				ADDRESS	
(If yes, give war or dates of service)						B.C.H. 4940 Eastern Avenue (records)					
18. 768.5 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)										INTERVAL BETWEEN ONSET AND DEATH	
(A) Septicemia											
DUE TO											
19. ANTECEDENT CAUSES											
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.											
(B) DUE TO											
(C) DUE TO											
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.											
Prematurity											
19A. DATE OF OPERATION				19B. CONDITION FOR WHICH OPERATION WAS PERFORMED				IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II			
20. AUTOPSY?								YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)				21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY				21E. INJURY OCCURRED				21F. HOW DID INJURY OCCUR?			
				WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
22. I hereby certify that I attended the deceased from 10-23-1953 to 10-30-1953 that I last saw the deceased alive on 10-30-1953, and that death occurred at 8:35A m., from the causes and on the date stated above.											
23A. SIGNATURE						23B. ADDRESS				23C. DATE SIGNED	
H. J. Jones						4940 Eastern Avenue				10-30-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY				24D. LOCATION (City, town, or county) (State)			
Cremated		11-4-1953		Baltimore City Hospitals				4940 Eastern Avenue			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE				25. FUNERAL DIRECTOR				ADDRESS	
NOV 18 1953		Huntington Williams				0 1 8 0					

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10183

1. NAME OF DECEASED (Type or Print) *Baby Boy Perkins*

2. DATE OF DEATH *November 5, 1953*

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE *md.* B. COUNTY *md.*

5. FULL NAME OF HOSPITAL OR INSTITUTION *JOHNS HOPKINS HOSPITAL*

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *Baltimore*

7. STREET ADDRESS (If rural, give location) *1106 G. Montrose Way*

8. Length of stay in Baltimore

9. SEX *Male* 10. COLOR OR RACE *White* 11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *Single*

12. DATE OF BIRTH *11-4-53* 13. AGE (In years, last birthday) *1* 14. Under 1 Year Months Days Hours Min. *1*

15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

16. KIND OF BUSINESS OR INDUSTRY

17. BIRTHPLACE (State or foreign country) *md.* 18. CITIZEN OF WHAT COUNTRY? *maine*

19. FATHER'S NAME *Floyd Perkins*

20. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

21. SOCIAL SECURITY NO.

22. INFORMANT *JOHNS HOPKINS HOSPITAL*

MEDICAL CERTIFICATION

19. 762.5 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *atelectasis & hyaline membrane disease* DUE TO

ANTECEDENT CAUSES

(B) *Prematurity* DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *762.5* 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *11-4*, 19*53*, to *11-5*, 19*53*, that I last saw the deceased alive on *11-5*, 19*53*, and that death occurred at *m.*, from the causes and on the date stated above.

23A. SIGNATURE *(Signature)* 23B. ADDRESS *JOHNS HOPKINS HOSPITAL* 23C. DATE SIGNED *11/8/53*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY *Hopkins*

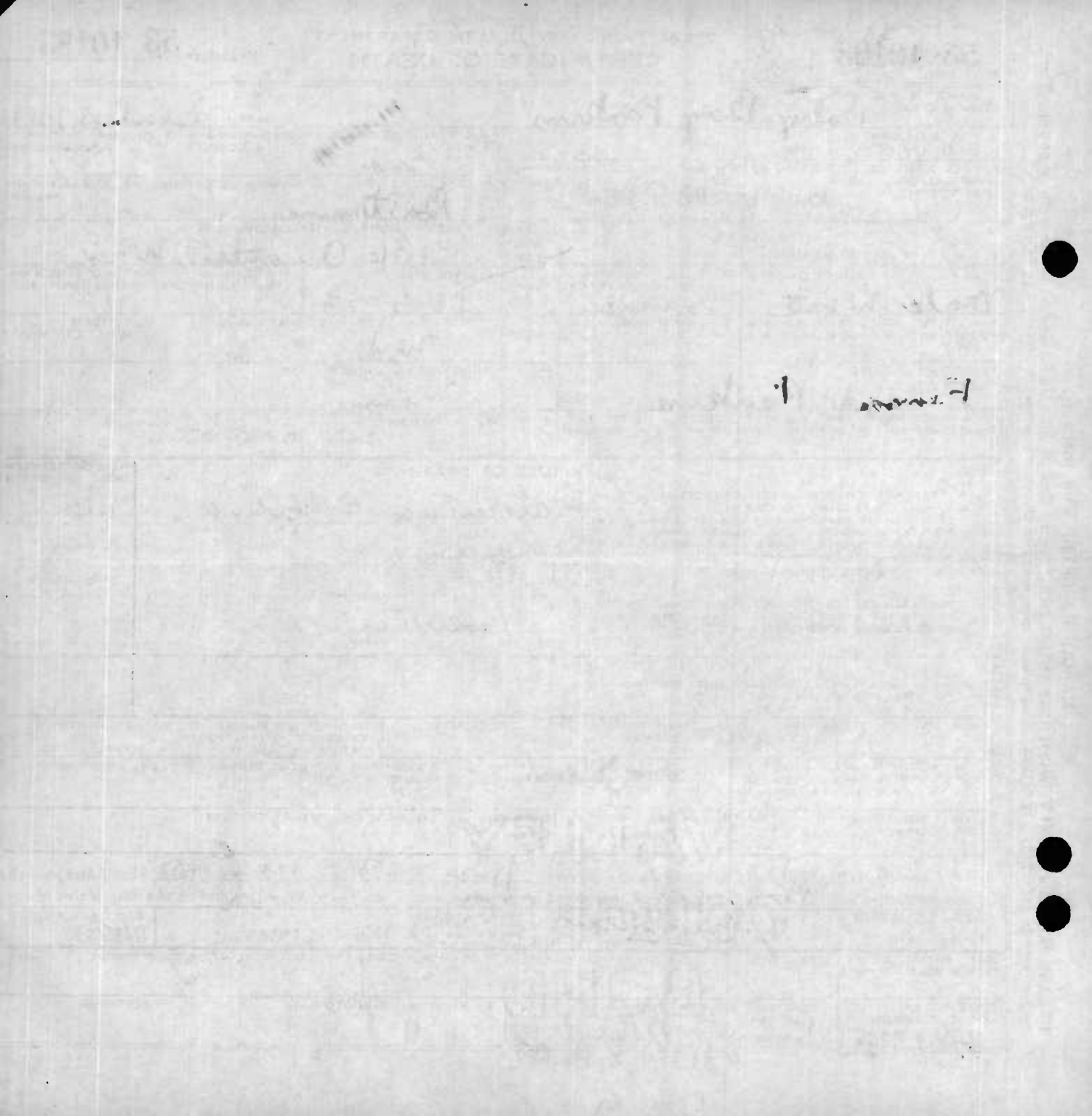
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR *NOV 18 1953*

REGISTRAR'S SIGNATURE *Huntington Williams*

25. FUNERAL DIRECTOR *10181*

ADDRESS



Disposal

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 10184

Registered No. _____

BIRTH NO. 53-26915

1. NAME OF DECEASED
(Type or Print)

Baby Jackson

2. DATE
OF
DEATH

Nov 1, '53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Cockeystown

D. STREET ADDRESS (If rural, give location)

6200

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

10-30-53

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ind.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Jackson

14. MOTHER'S MAIDEN NAME

Mildred

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 763.5

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Pneumonia

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

Prematurity

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-30-1953 to 11-1-1953 that I last saw the
deceased alive on 11-1-1953, and that death occurred at 2:15 pm., from the causes and on the date stated above.

23A. SIGNATURE

Paul M. Taylor

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

11-3-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

Hopkinstown

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

0182

County of Johnson
State of Texas
I, Robert Johnson
do hereby certify that Robert Johnson
was born on 10-15-1885
at Johnson, Texas

5

10-15-1885
Johnson, Texas

Robert Johnson

10-15-1885

Robert Johnson

WILLIAM

10-15-1885

Johnson, Texas

Robert Johnson

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10185

Registered No.

BIRTH NO.

53-27417

1. NAME OF DECEASED
(Type or Print)

Baby Girl, Dorsey

2. DATE
OF
DEATH

Nov. 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Hospitals

4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

636 Perkins Ave.

c. Length of stay in Baltimore

Newborn

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Nov. 9, 1953

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

1

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Milton Dorsey

14. MOTHER'S MAIDEN NAME

Ruth Clash

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. 4940 Eastern Ave. (records)

18. 776x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Prematurity

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-9, 1953 to 11-10, 1953, that I last saw the
deceased alive on 11-10, 1953, and that death occurred at 12:40am, from the causes and on the date stated above.

23A. SIGNATURE

H. John P. ...

M. D.

23B. ADDRESS

4940 Eastern Ave. Balto., Md.

23C. DATE SIGNED

11-10-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremated

24B. DATE

11-13-1953

24C. NAME OF CEMETERY OR CREMATORY

Baltimore City Hospitals

24D. LOCATION (City, town, or county)

4940 Eastern Ave.

(State)

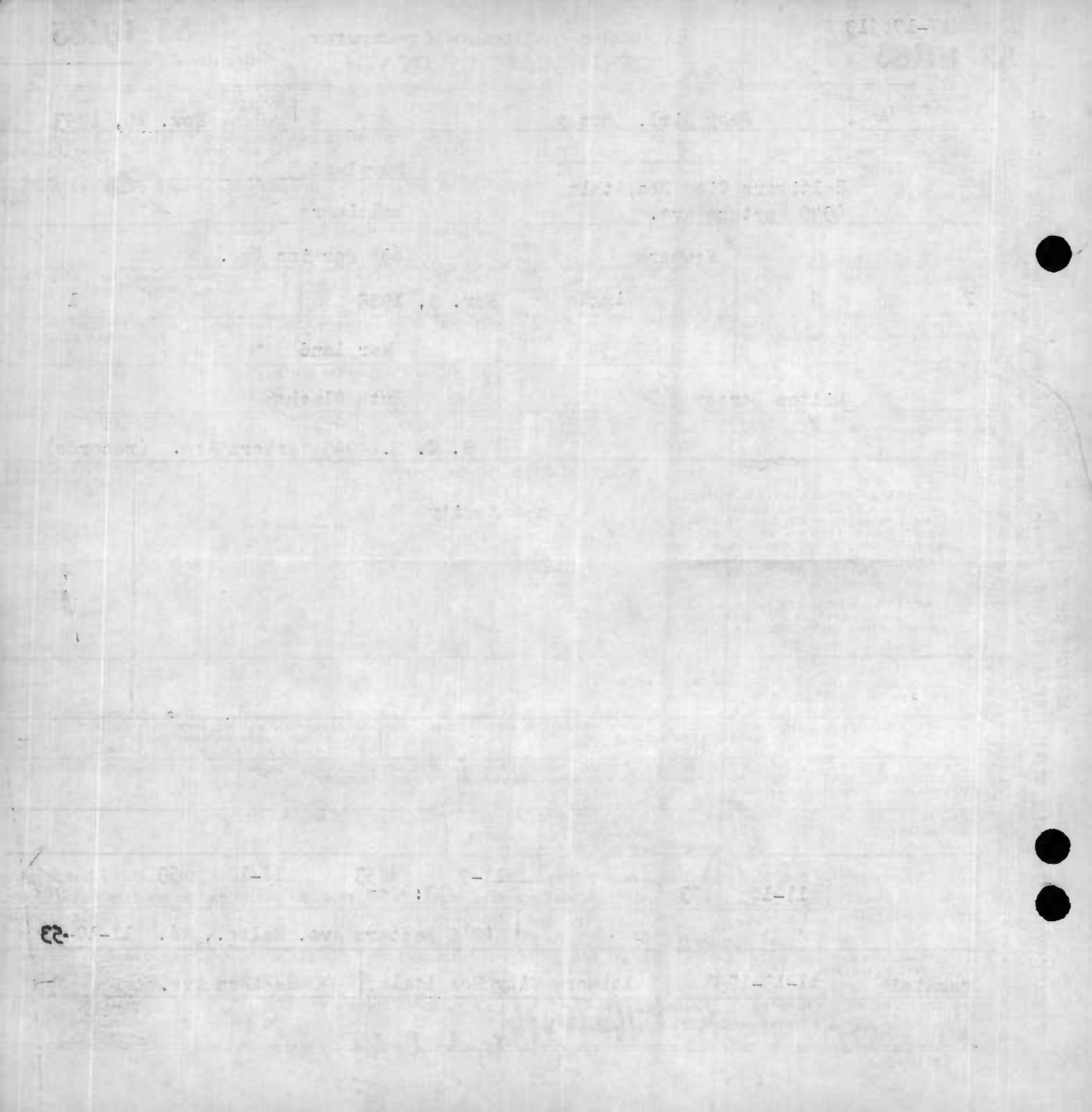
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 10186

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Baby Boy Johnson (Alice)

2. DATE
OF
DEATH

Nov. 13, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

Baltimore 31

D. STREET ADDRESS (If rural, give location)

255 S. Dallas St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Infant

8. DATE OF BIRTH

11-12-53

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Alice

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.17. INFORMANT
ADDRESS
JOHNS HOPKINS HOSPITAL

18. 776x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-12-53, 1953, to 11-13-53, 1953, that I last saw the
deceased alive on 11-13-53, 1953 and that death occurred at 1:10 P.M., from the causes and on the date stated above

23A. SIGNATURE

Am Morgan

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

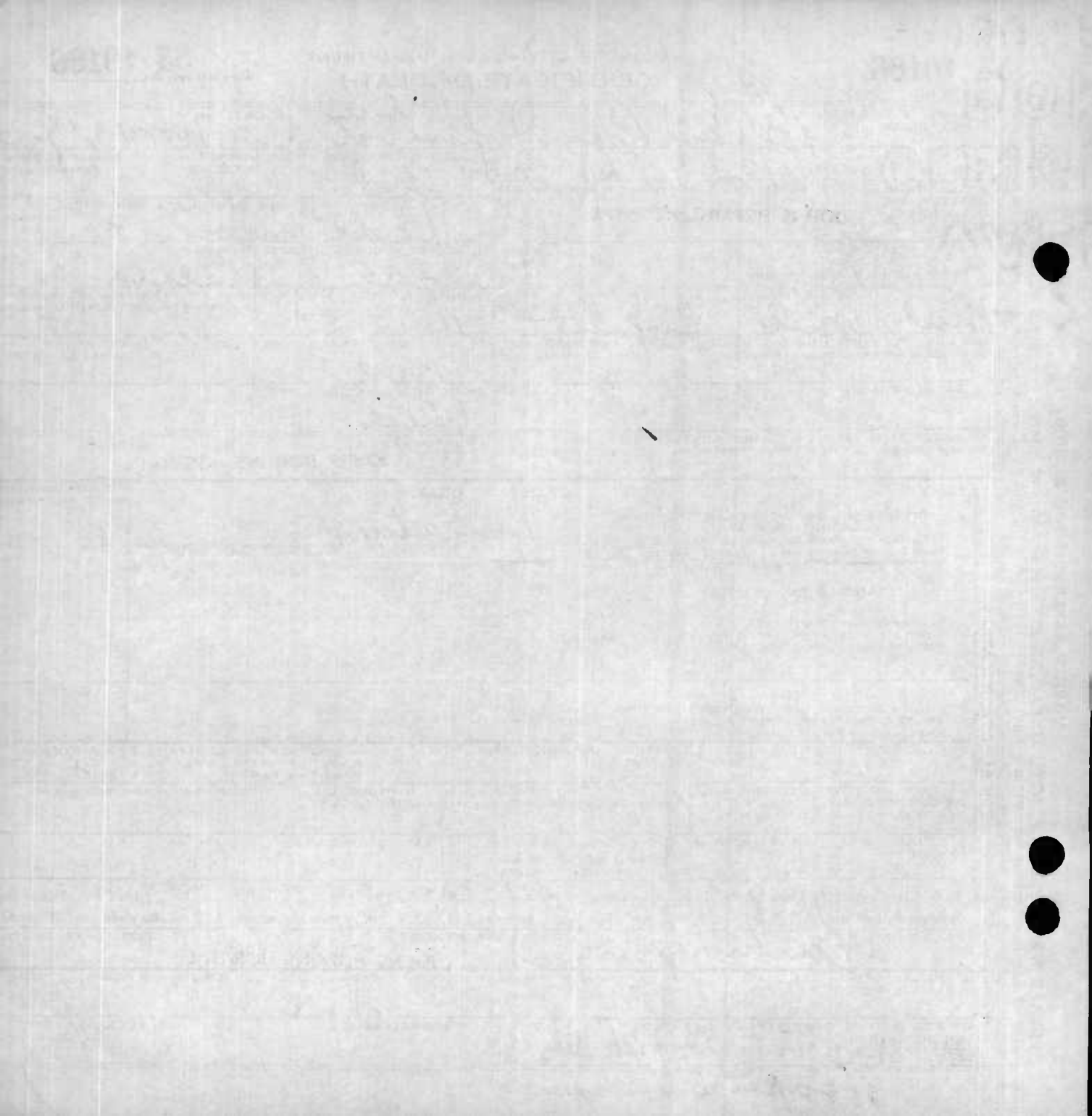
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Hospital Disposal



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10187

BIRTH NO. 53 10187

1. NAME OF DECEASED
(Type or Print)

Baby Girl Cox

2. DATE
OF
DEATH

NOV 16 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto.

8-06

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1730 E. LANVALE ST.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

B. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 776x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-15-1953, to 11-16-1953 that I last saw the
deceased alive on 11-16-1953 and that death occurred at 1230 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Am Morgan

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

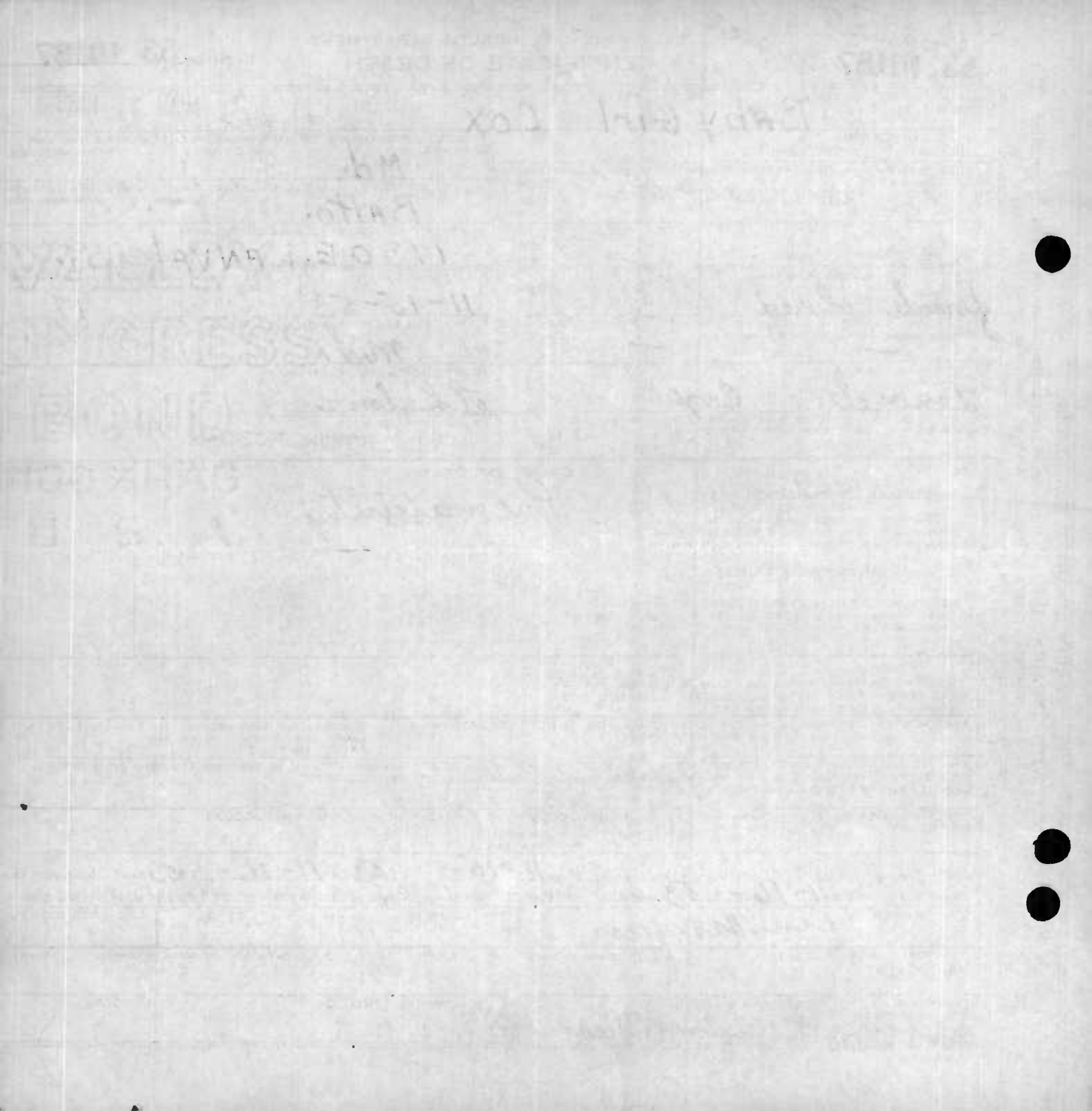
25. FUNERAL DIRECTOR

ADDRESS

NOV 18 1953

Huntington Williams

0 1 8 5



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 10188**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**DAVID A ARLINGTON GORHAM**2. DATE OF DEATH
November 16, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE
Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION **Franklin Square Hospital**C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

841 Harlem Avenue

c. Length of stay in Baltimore

15 yearsYrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 19, 1919

9. AGE (In years last birthday)

34If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Checker

10B. KIND OF BUSINESS OR INDUSTRY

Pub. laundry

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

James Gorham

14. MOTHER'S MAIDEN NAME

Maggie Cherry

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
239-12-0031

17. MRS. MARIAN GORHAM

ADDRESS

841 Harlem Ave.18. **322.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Acute Alcoholism**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

*R. F. Fisher*23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
11-16-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/19/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Hollander

25. FUNERAL DIRECTOR

Holland Funeral Home - 1631 Druid Mill Ave

VS 151

690 FC

1918

DEPARTMENT OF THE ARMY
GENERAL STATE OF TEXAS

1918

STATE OF TEXAS

May 10, 1918

1918

North Carolina

1918

1918

General
Mr. J. M. Gorman
111 North 1st St.
Dallas, Tex.

General Gorman

1918-1919

1918-1919

1918-1919

1918-1919

1918-1919

1918-1919

1918

1918-1919

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 10189

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES

GARCIA

2. DATE
OF DEATH November 15, 19533. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE Maryland B. COUNTY Baltimore before admission)B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTE Baltimore City Hospitals location)C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)c. Length of stay in Baltimore 31 YRS. Yrs.
Mos. DaysD. STREET ADDRESS (If rural, give location)
900 Mace Avenue5. SEX
Male6. COLOR OR RACE
White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
MARRIED

8. DATE OF BIRTH

9. AGE (In years
last birthday) 44

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRYTAVERN OWNEROWNER

11. BIRTHPLACE (State or foreign country)

NEW ORLEANS12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JAMES J GARCIA

14. MOTHER'S MAIDEN NAME

FRANCIS DUDECK15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

IDA M GARCIAADDRESS
SAME AS ABOVE18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Coronary Artery Sclerosis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. J. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER..... ☒
ASSISTANT MEDICAL EXAMINER..... ☐
MEDICAL INVESTIGATOR..... ☐23C. DATE SIGNED
11-16-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)
BURIAL

24B. DATE

11/19/53

24C. NAME OF CEMETERY OR CREMATORY

SACRED HEART

24D. LOCATION (City, town, or county)

GERMAN HILL RD. MD.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

JOHN G. CONNELLY

ADDRESS

ESSEX 2

CERTIFICATE OF DEATH

NAME

AGE

SEX

RACE

RELIGION

DATE OF BIRTH

DATE OF DEATH

CAUSE

PLACE

TIME

WITNESSES

SIGNATURE

DATE

TIME

PLACE

WITNESSES

SIGNATURE

DATE

TIME

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 10190

Registered No.

BIRTH NO. 53-17245

1. NAME OF DECEASED (Type or Print) Elizabeth Stundermark			2. DATE OF DEATH Nov. 13, 1953		
3. PLACE OF DEATH: a. Baltimore City, Maryland St J St 4W			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE md B. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-07		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 1616 Leveghyn		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 7-23-1953	9. AGE (In year last birthday) 3	If Under 1 Year Months Days 21
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL		

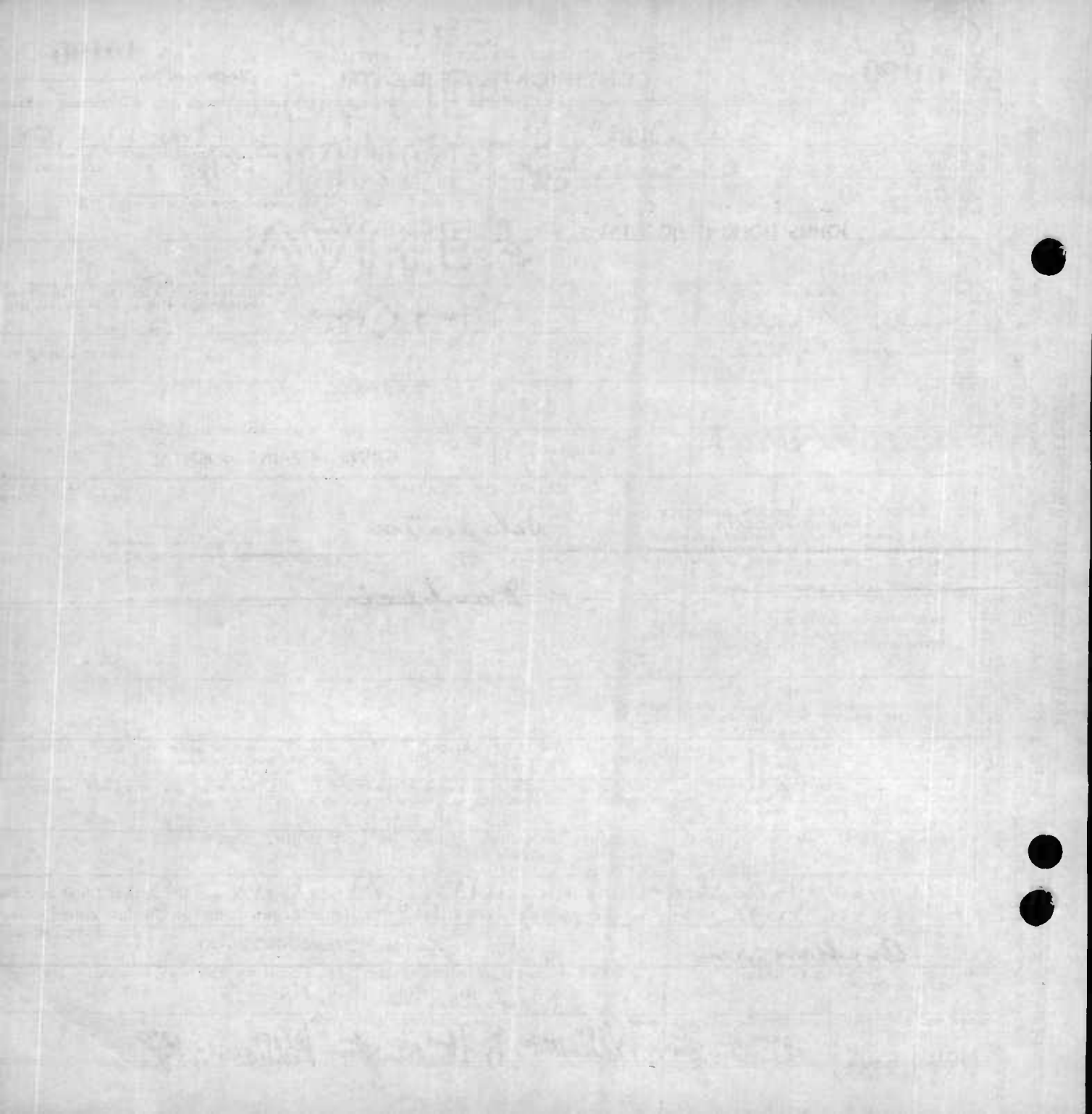
18. 571.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Dehydration.		INTERVAL BETWEEN ONSET AND DEATH
DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Diarrhoea		
DUE TO		
(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 2	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/13 , 19 53 , to 11/13 , 19 53 , that I last saw the deceased alive on 11/13 , 19 53 , and that death occurred at 1:50 a. m., from the causes and on the date stated above			
23A. SIGNATURE H. Williams	23B. ADDRESS JOHNS HOPKINS HOSPITAL	23C. DATE SIGNED	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL	24D. LOCATION (City, town, or county) (State) NOV, 16, 1953
DATE RECEIVED BY LOCAL REGISTRAR NOV 18 1953	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Huntington Williams	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 10191**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years;
last birthday)If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

1B. 151X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Carcinoma of stomach*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
(C)
(D)
(E)
(F)
(G)
(H)
(I)
(J)
(K)
(L)
(M)
(N)
(O)
(P)
(Q)
(R)
(S)
(T)
(U)
(V)
(W)
(X)
(Y)
(Z)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.*Peritonitis*

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *11-2-*, 19*53* to *11-4-*, 19*53*, that I last saw the
deceased alive on *11-4-*, 19*53* and that death occurred at *2:15 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Green and of others

Part of the

VALLEY

County of Dallas, Texas

City of Dallas

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10192

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Marjorie Burke

2. DATE
OF
DEATH

Nov. 18-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Hated 6

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Conn.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Bridgeport

D. STREET ADDRESS (If rural, give location)

269 Courtland Ave

c Length of stay in Baltimore

20 days

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

4-13-34

9. AGE (In years last birthday)

19

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

not employed

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Conn.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Lewis Burke

14. MOTHER'S MAIDEN NAME

Ella Kovack

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

447X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) cardiac arrest

DUE TO

4 min.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) pulmonary hypertension

DUE TO

18 min.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

surgical exploration 24 hr. before death

24 hr.

19A. DATE OF OPERATION

11-17-53

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

PULMONARY HYPERTENSION

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-30 1953, to 11-18 1953, that I last saw the deceased alive on 11-18 1953, and that death occurred at 10 11, from the causes and on the date stated above.

23A. SIGNATURE

Frank Cole Greener

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

11-18-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

Nov. 19, 1953

24C. NAME OF CEMETERY OR CREMATORY

Frank Polke & Son Funeral Home, Bridgeport, Connecticut

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Earl B. Wolverton Funeral Home, Inc

ADDRESS

1031 E. 25th Street

Baltimore -18, Maryland

12/9/53 ES

See autopsy findings in Document file.

3-236
10193

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 10193

BIRTH NO.

NAME OF DECEASED
(Type or Print)

Abraham OSTROWSKY.

2. DATE
OF
DEATH

Nov. 18th 1953.

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION Union Memorial Hospital.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland.
B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 17. 15-04

D. STREET ADDRESS (If rural, give location)

2404 Reisterstown Road.

Length of stay in Baltimore
Yrs. Mos. Days

SEX M. 6. COLOR OR RACE W. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH July 23, 1879

9. AGE (In years last birthday) 74
At Under 1 Year Months: Days: At Under 24 Hours Hours: Min.

A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

General Mdse

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

America.

FATHER'S NAME

Lewis Ostrowsky.

14. MOTHER'S MAIDEN NAME

Rose Sherman.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 150X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cause of death
DUE TO infiltrating left bronchus.

unknown.
At least 18 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 2nd, 1953, to Nov. 18th, 1953, that I last saw the deceased alive on Nov. 16th, 1953, and that death occurred at 3:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

H. M. Rowson.

23B. ADDRESS

Union Memorial Hospital.

23C. DATE SIGNED

Nov. 18th 1953

24. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

11-19-53

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county)

Balto

(State)

Md

25. RECEIVED BY

REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

2100 Cutaw Rd

ADDRESS

2906A

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

L-150
53 10194

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10194
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) BENJAMIN H. LEVIN			2. DATE OF DEATH 11/17/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY 13-04					
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital of Balt, Md			C. CITY OR TOWN: (If outside corporate limits, write RURAL and give township) Baltimore					
c. Length of stay in Baltimore Life			Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3509 Woodbrook Ave #17		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 11/4/98		9. AGE (In years last birthday) 55		10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mfg			10B. KIND OF BUSINESS OR INDUSTRY Panta			11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Jacob Levin			14. MOTHER'S MAIDEN NAME Mollie			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		
16. SOCIAL SECURITY NO.			17. INFORMANT Ida Levin			ADDRESS 3509 Woodbrook Ave		
18. 331X			CAUSE OF DEATH					INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			(A) Cerebral Hemorrhage					5hr
ANTECEDENT CAUSES			(B)					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			DUE TO					
(C)								
II OTHER SIGNIFICANT COONITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.								
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 11/17/1953 to 11/17 , 1953 that I last saw the deceased alive on 11/17 , 1953, and that death occurred at 9:24 a.m., from the causes and on the date stated above.								
23A. SIGNATURE Robert D. Barkin M. O.			23B. ADDRESS Sinai Hospital Balt.			23C. DATE SIGNED 11/17/53		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-19-1953		24C. NAME OF CEMETERY OR CREMATORY Shaare Tefilah		24D. LOCATION (City, town, or county) (State) Balt Md		
DATE RECEIVED BY LOCAL REGISTRAR NOV 19 1953		REGISTRAR'S SIGNATURE Huntington Williams		FUNERAL DIRECTOR Jack Lewis Inc		ADDRESS 2100 Eutaw Pl		

10-10-34

STANDARD DISTRICT

10-10-34

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3 10195

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10195

NAME OF DECEASED (Type or Print) RAE RACUSIN		2. DATE OF DEATH Nov 18 '53	
PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 1704	
FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Lutheran Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Maryland	
Let Life of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1636 McHenry St	
SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan 19, 1902
A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Lat. Machine		10B. KIND OF BUSINESS OR INDUSTRY Shop	9. AGE (in years last birthday) 51
FATHER'S NAME Frank Racusin		11. BIRTHPLACE (State or foreign country) Balto. Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A
WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Geraldine Racusin ADDRESS 2427 Calloway

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 4 days
CAUSE OF DEATH (A) hypertensive DUE TO cardiovascular disease		
(B) congestive heart failure DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 13 , 19 53 to Nov. 18 , 19 53 that I last saw the deceased alive on Nov. 18 , 19 53 and that death occurred at 8:20 AM from the causes and on the date stated above.					
23A. SIGNATURE Ramuel S. J. yds.		23B. ADDRESS Lutheran Hospital		23C. DATE SIGNED 11/18/53	
A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/19/53		24C. NAME OF CEMETERY OR CREMATORY United Hebrew	
				24D. LOCATION (City, town, or county) (State) Washington, Md.	
TE RECEIVED BY 11/19/53		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR 126 W. North Ave	

690 4G

REPORT OF THE

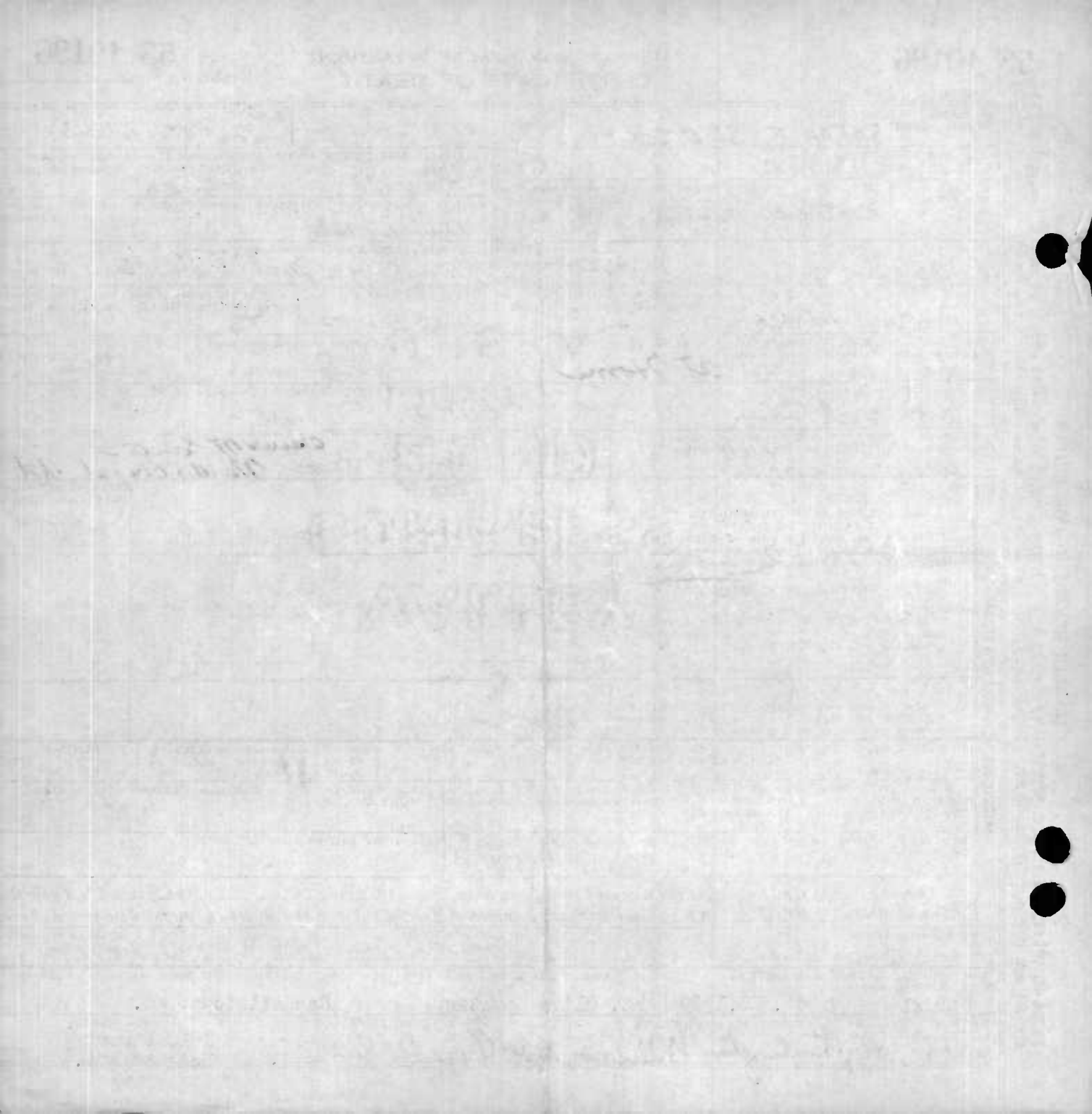
COMMISSIONER OF THE LAND OFFICE



53 10196

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10196
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) SARAH E. SAUTER		2. DATE OF DEATH Nov. 17, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION Montebello Hospital		C. CITY OR TOWN Curing Mills (If outside corporate limits, write RURAL and give township) 5300			
c. Length of stay in Baltimore 6 1/2 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 70 Mrs. George Green, Woods Chapel Road			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 11, 1880	9. AGE (In years, last birthday) 73	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at Home		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Emanuel Pierce		14. MOTHER'S MAIDEN NAME Alice V. Triplett			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) unk.		16. SOCIAL SECURITY NO. unk.		17. INFORMANT Dr. M. L. Smith ADDRESS Hospital Record Ward Chapel Rd.	
18. 420.1		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 day.	
ANTECEDENT CAUSES		(B) Hypertensive Cardio-vascular disease many yrs.			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Left Hemiplegia		2 yrs.	
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan. 24 , 19 48 , to Nov. 17 , 19 53 that I last saw the deceased alive on Nov. 17 , 19 53 , and that death occurred at 7:40 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE Daniel Lai		23B. ADDRESS Montebello Hospital, Balt. Md.		23C. DATE SIGNED Nov. 17, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 20, 1953		24C. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery	
24D. LOCATION (City, town, or county) (State) Randallstown, Md.		24E. FUNERAL DIRECTOR Antington Williams, 4510 Liberty Heights Ave.		24F. ADDRESS 4510 Liberty Heights Ave.	



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10197

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10197

IRTH NO.

NAME OF DECEASED
(Type or Print)

FREDERICK TSCHUPPY

2. DATE
OF
DEATH

Nov. 18-1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

Little Sisters of the Poor

Location of stay in Baltimore

always

SEX

male white

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)8. A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

9. FATHER'S NAME

Frederick Tschuppy

10. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Ind. Balt. 4-01

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

11 - W. Franklin St.

8. DATE OF BIRTH

March 25 1879

9. AGE (In years
last birthday)

74

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Ind.

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Mary Harmon

17. INFORMANT

ADDRESS

Little Sisters of the Poor

18. 422.1 and E917.7
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

(A)

Chronic Myocarditis

1 yr

DUE TO

ANTECEDENT CAUSES

(B)

Arterio Sclerosis

4 yrs

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

Second Degree Burn - Back

4 days

11
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY

William V. Smith M.D.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

CHIEF OR ASST. MEDICAL EXAMINER.

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☒
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

12 W Valley St

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Bath Tub - Baltimore - 12 W Valley St

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Nov- 14 - 1953 - 7P

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Scalded with Hot water in Bath Tub

22. I hereby certify that I attended the deceased from Nov 14, 1953, to Nov 18, 1953, that I last saw the
deceased alive on Nov 17, 1953, and that death occurred at 6:54 a.m., from the causes and on the date stated above.

23A. SIGNATURE

C. Gill Hall M.D.

23B. ADDRESS

16 31 E North Ave

23C. DATE SIGNED

Nov 18-53

A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Nov 20 1953

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cen

24D. LOCATION (City, town, or county)

Baltimore

(State)

RECEIVED BY
REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Rita Wiedefeld 900 E Biddle St

VS 150

N 942.2

97099

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

DATE OF DEATH
PLACE OF DEATH
CAUSE OF DEATH
MANNER OF DEATH

AGE
SEX
RACE
BIRTH DATE
BIRTH PLACE
MARRIAGE DATE
MARRIAGE PLACE
OCCUPATION
EDUCATION
RELIGION
PREVIOUS ILLNESS
PREVIOUS SURGERY
PREVIOUS TRAUMA
PREVIOUS DRUGS
PREVIOUS ALCOHOL
PREVIOUS TOBACCO
PREVIOUS OTHER

SIGNATURE OF DECEASED
SIGNATURE OF NEXT OF KIN
SIGNATURE OF WITNESS
SIGNATURE OF PHYSICIAN
SIGNATURE OF CORONER
SIGNATURE OF JUDGE

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

E152

53 10198

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 10198

Registered No.

BIRTH NO.			
1. NAME OF DECEASED (Type or Print) Mrs. Mildred Evans		2. DATE OF DEATH Nov. 17, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 4711 Sayer Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 4711 Sayer Avenue	
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 15-1888
9. AGE (In years last birthday) 65		10. CITIZEN OF WHAT COUNTRY? USA	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Fitchburg, Mass		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Collin		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr. Frank A. Evans, same		ADDRESS	
18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinomatous DUE TO		INTERVAL BETWEEN ONSET AND DEATH 2 mo	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Carcinoma of Breast DUE TO		1952	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1939 , to Nov 17, 1953 , that I last saw the deceased alive on Nov 17, 1953 and that death occurred at 3:50 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE Edward P. Hallen M. D.		23B. ADDRESS 4300 Liberty Hts av	
23C. DATE SIGNED 11/18/53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-20-1953	
24C. NAME OF CEMETERY OR CREMATORY Balto National Balto Md		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR NOV 19 1953		REGISTRAR'S SIGNATURE Huntington Williams	
FUNERAL DIRECTOR Donald J. Luck		ADDRESS 5305 Bayford	

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R-400

10199

IRTH NO.

NAME OF DECEASED
(Type or Print)

BABY BOY ROWLEY

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

53 10199

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE University Hospital
Baltimore, MD

Let of stay in Baltimore

SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

FATHER'S NAME

Mr. Rowley

C. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 762.5

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TOCongenital Atelectasis of the lungs
from birth
i.e. 34 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)Prematurity 4lbs 5oz
dwOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 5PM 11.17.53, to 6:30PM 11.17.53, that I last saw the
deceased alive on 11.17.53, and that death occurred at 6:30PM., from the causes and on the date stated above.

23A. SIGNATURE

G. V. Loma M.D.

23B. ADDRESS University Hospital
Baltimore, MD23C. DATE, SIGNED
11.17.5324. BURIAL, CREMA-
TORIAL (Specify)

24B. DATE

11-20-53

24C. NAME OF CEMETERY OR CREMATORY

Balto Cem

24D. LOCATION (City, town, or county)

Balto Md

TE RECEIVED BY
CAL REGISTRAR

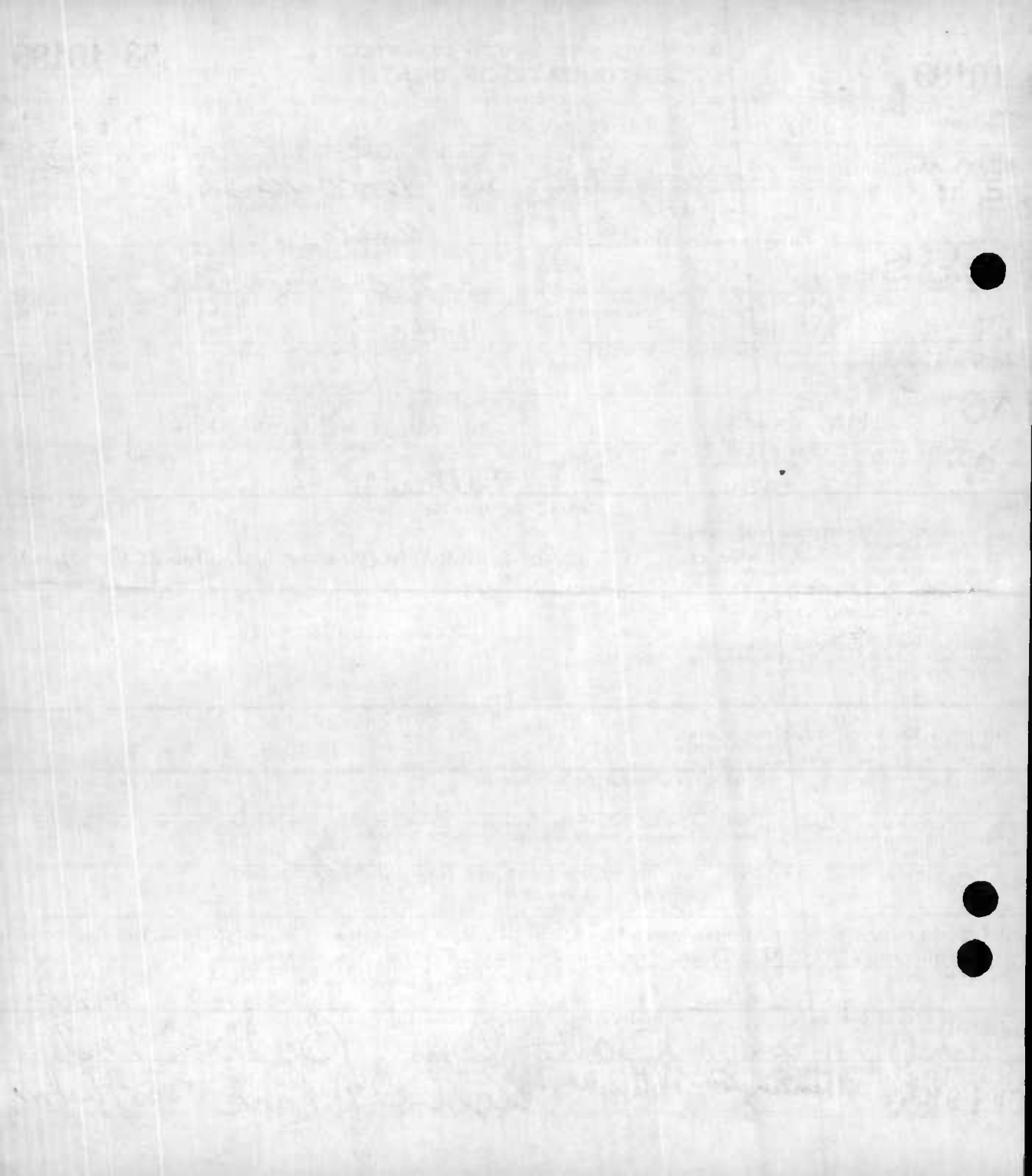
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Joseph J. Luck 5305 Hayne



W-325

53 10200

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10200

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FANNIE A. WOODSON

2. DATE
OF
DEATH

11/16/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MARYLAND

B. COUNTY

BALTIMORE

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

MERCY HOSPITAL

C. CITY OR TOWN

BALTIMORE

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (if rural, give location)

1338 DRUID HILL AVENUE

5. SEX

FEMALE

6. COLOR OR RACE

NEGRO

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

8-22-1880

9. AGE (in years)

73

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSE WIFE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

VIRGINIA

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

JOHN JOHNSON

14. MOTHER'S MAIDEN NAME

WILLEANNE JOHNSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

HAZEL HARRIS

ADDRESS

1338 DRUID HILL

18. 260X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CEREBROVASCULAR ACCIDENT 9 DAS.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) HYPERTENSIVE A.S. CARDIO OVER

DUE TO VASCULAR DISEASE 10 YRS.

(C) DIABETES MELLITUS 15 YRS.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

9/30/53

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

GANGRENE

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/16/53, 19, to 11/16/53, 19, that I last saw the deceased alive on 11/15/53, 19, and that death occurred at 6:40 a. m., from the causes and on the date stated above.

23A. SIGNATURE

George H. Bach

M. D.

23B. ADDRESS

Mary Hospital, Balto.

23C. DATE SIGNED

11/16/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/20/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

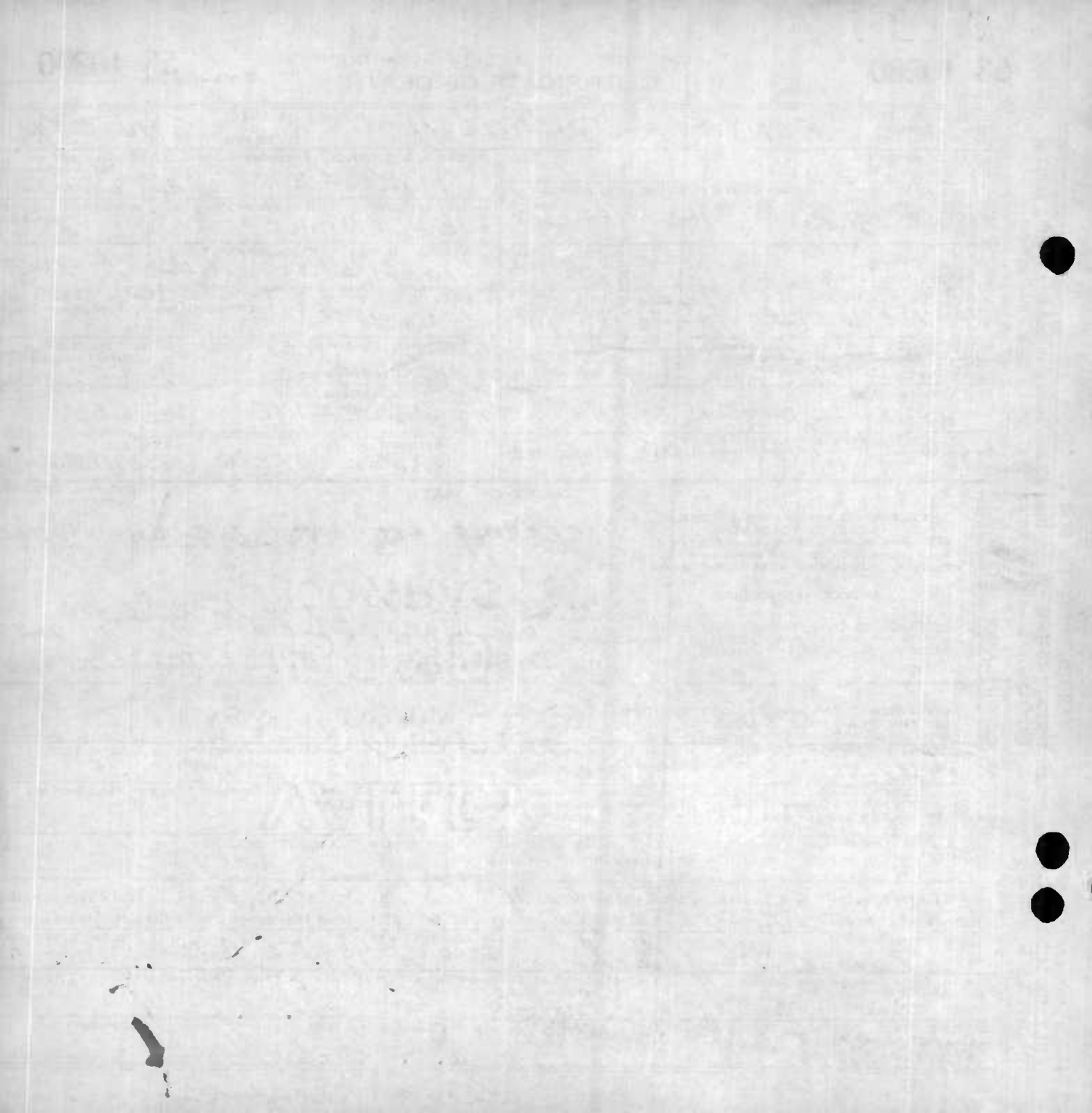
Huntington, Baltimore

25. FUNERAL DIRECTOR

Geo. G. Kelson 1303 Presstman St

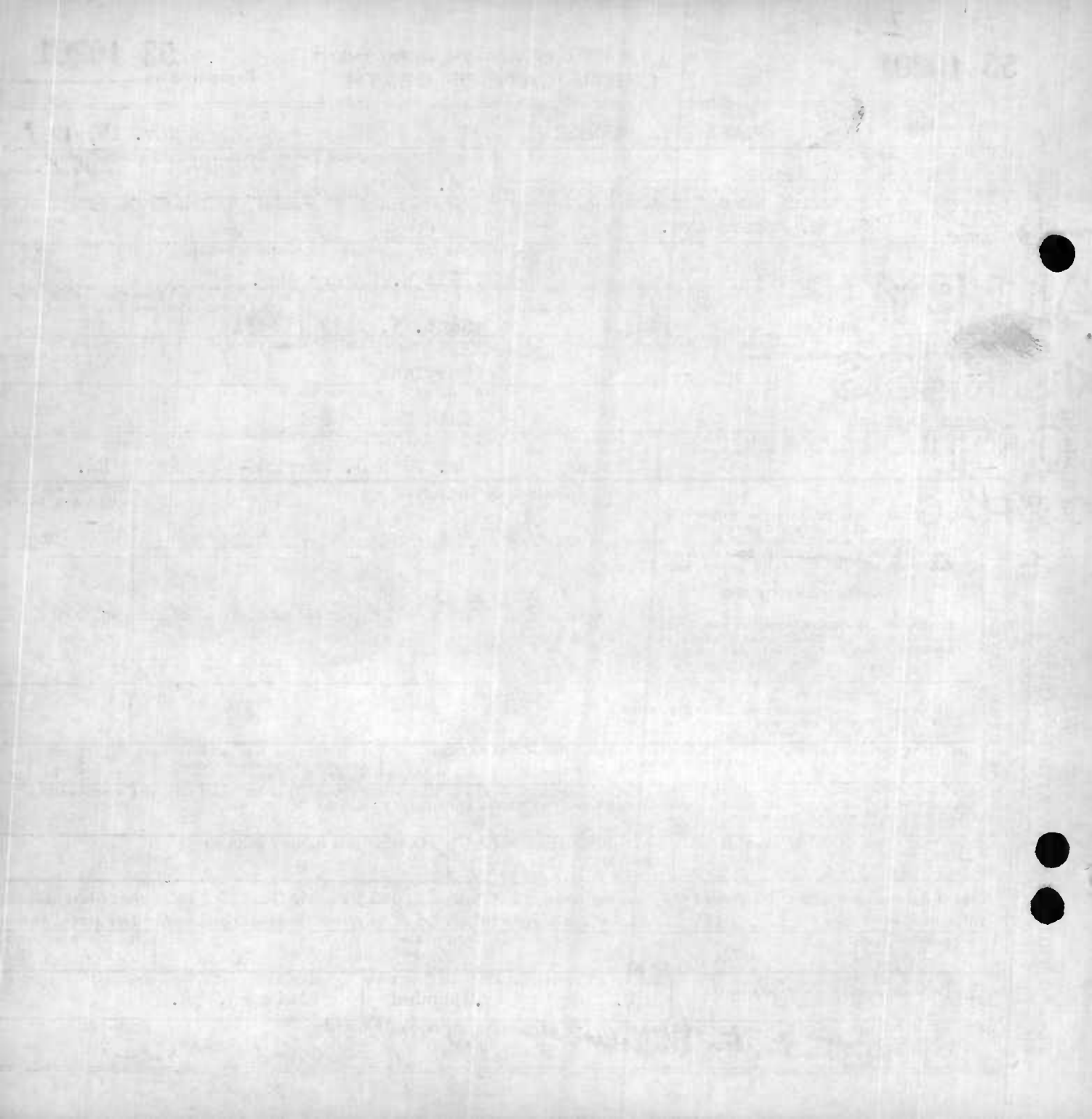
ADDRESS

Geo. G. Kelson

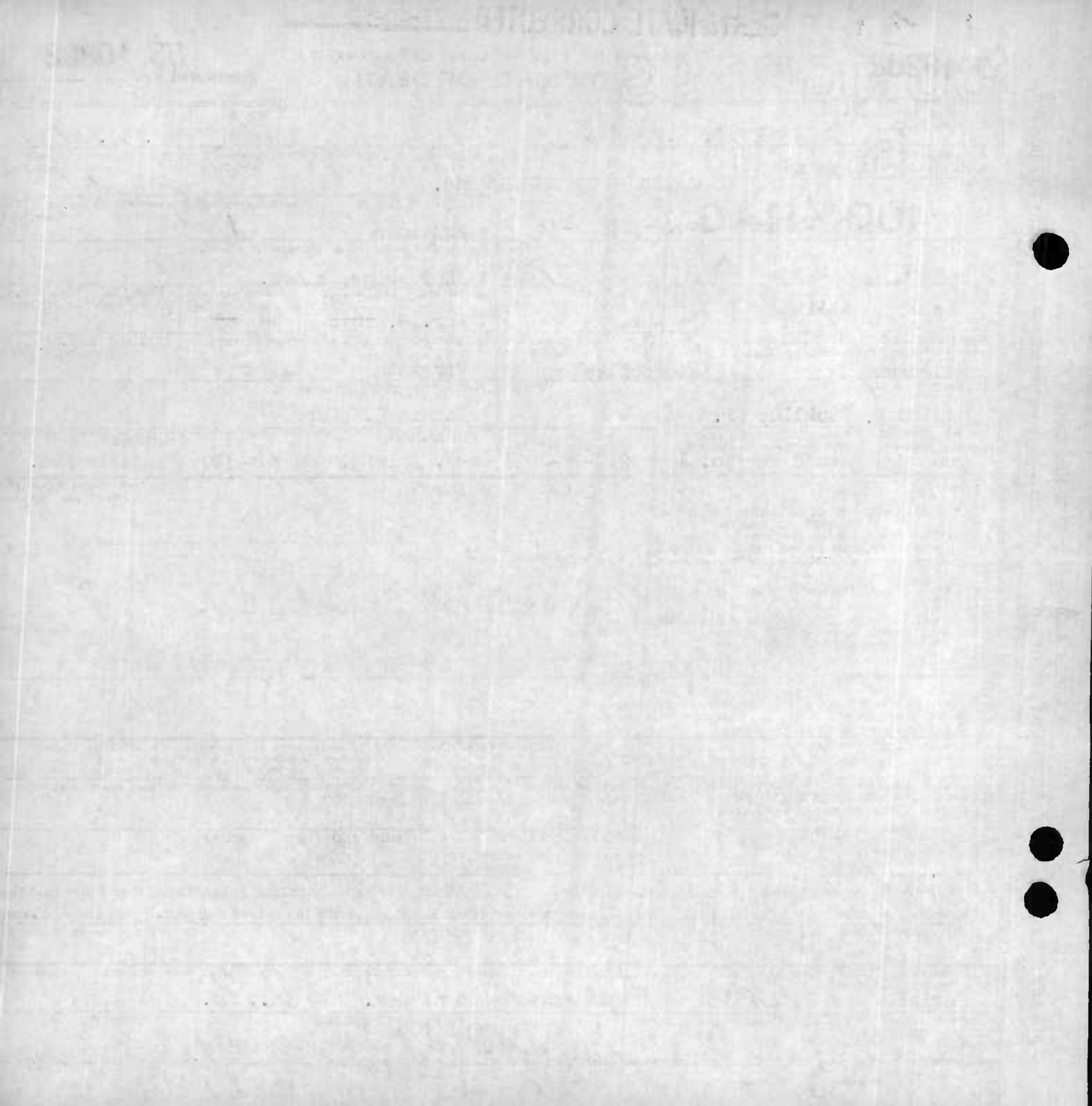


P-620
53 10201BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10201
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
			FLORA ELIA PARRISH			Nov. 16, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md.					
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) 70 2211 W. Rogers Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore					
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2211 W. Rogers Ave.					
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Sept. 5, 1872		9. AGE (In years; last birthday) 81		10 Under 1 Year Months: Days	11 Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) --			10B. KIND OF BUSINESS OR INDUSTRY --			11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? --
13. FATHER'S NAME Moses Parrish			14. MOTHER'S MAIDEN NAME Ruth Naomi Pool					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) --			16. SOCIAL SECURITY NO. none		17. INFORMANT ADDRESS Mr. John G. Parrish-3658 Falls Rd.			
18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) ARTERIO SCLEROSIS 10 yrs			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) CEREBRAL HEMORRHAGE 4 days			DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from May 1, 1953, to Nov 15, 1953, that I last saw the deceased alive on 11-15, 1953, and that death occurred at 11 P.m., from the causes and on the date stated above.								
23A. SIGNATURE Arthur J. Davies				23B. ADDRESS 800 W 33rd ST		23C. DATE SIGNED 11-18-53		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/20/53		24C. NAME OF CEMETERY OR CREMATORY St. Mary's Cem. Hampden		24D. LOCATION (City, town, or county) (State) Baltimore, Md.		
DATE RECEIVED BY LOCAL REGISTRAR NOV 19 1953		REGISTRAR'S SIGNATURE Wilmington Williams, M.D.		FUNERAL DIRECTOR Jm. J. Pickens & Sons		ADDRESS Balto. 17, Md.		



F-245		CERTIFICATE CORRECTED		11-20-53	
53 10202		BALTIMORE CITY HEALTH DEPARTMENT		53 10202	
BIRTH NO.		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print)		MILLARD F. FICKLIN		2. DATE OF DEATH Nov. 17, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3409 Walbrook Ave. - Apt B-12		C. CITY OR TOWN Baltimore		D. STREET ADDRESS (If rural, give location) 3409 Walbrook Ave.	
c. Length of stay in Baltimore		Yrs. Mos. Days		9. AGE (In years last birthday) 62 63	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Apr. 9, 1891	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman	11. BIRTHPLACE (State or foreign country) Virginia
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman		10B. KIND OF BUSINESS OR INDUSTRY Automobiles		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Millard F. Ficklin, Sr.		14. MOTHER'S MAIDEN NAME Fannie E. Efford		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes	
16. SOCIAL SECURITY NO. 212-10-8028		17. INFORMANT Mrs. Lula F. Edwards-3206 Ferndale Ave.		ADDRESS ✓	
18. 492x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Virus pneumonia DUE TO (B) Cardio-vascular disease DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 2 days P		II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov 16, 1953, to Nov 17, 1953, that I last saw the deceased alive on Nov 17, 1953, and that death occurred at 11 4 m., from the causes and on the date stated above.					
23A. SIGNATURE Ralph D. Abbott		23B. ADDRESS 2220 Harrison Blvd.		23C. DATE SIGNED Nov 17/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/19/53		24C. NAME OF CEMETERY OR CREMATORY Baltimore National Cem.	
24D. LOCATION (City, town, or county) Balto., Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR Nov 19/53		24F. REGISTRAR'S SIGNATURE Huntington Williams, Md.	
24G. FUNERAL DIRECTOR J. G. Vickers & Sons		24H. ADDRESS Balto. 17, Md.		VS 150	



53 10203

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10203
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

THOMAS JEFFERSON JORDAN

2. DATE
OF
DEATH

Nov. 17, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

4204 Loch Raven Blvd.

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

4204 Loch Raven Blvd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

July 3, 1883

9. AGE (In years,
last birthday)

70

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Gen'l Passenger Agt

10B. KIND OF BUSINESS OR
INDUSTRY

Railroad

11. BIRTHPLACE (State or foreign country)

Ky.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

** Jordan

14. MOTHER'S MAIDEN NAME

**

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

none

16. SOCIAL
SECURITY NO.

705-10-5700

17. INFORMANT

ADDRESS

Mrs. Eunice Jordan-4204 Loch Raven Blvd

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral haemorrhage

DUE TO

6 hr

ANTECEDENT CAUSES

(B) Hypertension

DUE TO

10 yrs?

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ WORK NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940 to Nov. 17, 1953, that I last saw the
deceased alive on 11/17/1953, and that death occurred at 6 P.m., from the causes and on the date stated above.

23A. SIGNATURE

R. B. Skyles, M.D.

23B. ADDRESS

M. D. Medicine City Bldg.

23C. DATE SIGNED

11/19/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/20/53

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 19 1953 Huntington Williams, Md.

M. J. Pickens & Sons

Baltimore, Md.

V-320

10204

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10204

Registered No.

RTH NO.

NAME OF DECEASED
(Type or Print)

ALBERT FRANCIS VITTEK

2. DATE
OF
DEATH

Nov. 18, 1953

PLACE OF DEATH:

Baltimore City, Maryland 506 N. Washington St.

FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

506 N. Washington St.

Length of stay in Baltimore

life

Yrs.
Mos.
Days

SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
single8. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)
Artist10B. KIND OF BUSINESS OR
INDUSTRY
Balto. News-Post

8. DATE OF BIRTH

Apr. 9, 1893

9. AGE (In years
last birthday)

60

If Under 1 Year
Months Days Hours Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

9. FATHER'S NAME

Frank J. Vittek

14. MOTHER'S MAIDEN NAME

Josephine Pajer

13. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)
yes W. W. #116. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Miss Mayme Vittek, sister, above18. 163x I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) *Carcinoma of lung*
DUE TO(B) ?
DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

1 year

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *April*, 1953, to *Nov. 18*, 1953, that I last saw the
deceased alive on *Nov. 14*, 1953, and that death occurred at *11:30 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Edward Novak

M. D.

23B. ADDRESS

101 W. Read St

23C. DATE SIGNED

*Nov. 19-53*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 21, 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

25. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

Shidung Funeral Home, Inc.
2013-5 E. Madison St.

ADDRESS

1951

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Registration

DATE OF DEATH

AT

PLACE OF DEATH

BY

CAUSE OF DEATH

DATE

PLACE OF BIRTH

AGE

SEX

DATE OF BIRTH

EDUCATION

DATE OF DEATH

PLACE OF DEATH

DATE

CAUSE OF DEATH

DATE

PLACE OF BIRTH

AGE

SEX

DATE OF BIRTH

EDUCATION

DATE OF DEATH

PLACE OF DEATH

DATE

CAUSE OF DEATH

DATE

PLACE OF BIRTH

AGE

SEX

DATE OF BIRTH

EDUCATION

DATE OF DEATH

PLACE OF DEATH

DATE

CAUSE OF DEATH

DATE

PLACE OF BIRTH

AGE

SEX

DATE OF BIRTH

EDUCATION

DATE OF DEATH

PLACE OF DEATH

DATE

2-516
10205

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10205
Registered No.

1. NAME OF DECEASED (Type or Print)		HENRY MICHAEL LAMPARSKI		2. DATE OF DEATH Nov. 17, 1953	
3. PLACE OF DEATH: Baltimore City, Maryland 3612 Dudley Ave.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		5. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-03	
6. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) N/A		7. D. STREET ADDRESS (If rural, give location) 3612 Dudley Ave.		8. DATE OF BIRTH Sept. 18, 1920	
9. LENGTH OF STAY IN BALTIMORE life		10. AGE (In years last birthday) 33		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
12. SEX male		13. COLOR OR RACE white		14. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		16. KIND OF BUSINESS OR INDUSTRY Crown Cork & Seal		17. FATHER'S NAME John Lamparski	
18. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) machinist		19. SOCIAL SECURITY NO.		20. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) yes W.W.2	
21. MOTHER'S MAIDEN NAME		22. INFORMANT Mildred Michael Lamparski, wife, above		23. ADDRESS	
24. CAUSE OF DEATH I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Cordic edilecton 11/17/53 DUE TO Glio Floovoma (brain tumor) 1/1/50 DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		25. INTERVAL BETWEEN ONSET AND DEATH 11/17/53 1/1/50		26. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
27. DATE OF OPERATION Jan 30, 1950		28. MAJOR FINDINGS OF OPERATION Brain tumor		29. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
30. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		31. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		32. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
33. TIME (Month) (Day) (Year) (Hour) OF INJURY		34. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		35. HOW DID INJURY OCCUR?	
36. I hereby certify that I attended the deceased from July 27, 1953 to Nov 17, 1953, that I last saw the deceased alive on Nov 17, 1953, and that death occurred at 5:45 p.m., from the causes and on the date stated above.					
37. SIGNATURE William J. Ryan M.D.		38. ADDRESS 801 E. Kenwood Dr		39. DATE SIGNED 11/17/53	
40. BURIAL, CREMATION, REMOVAL (Specify) Burial		41. DATE Nov. 21, 1953		42. NAME OF CEMETERY OR CREMATORY Holy Rosary Cemetery	
43. LOCATION (City, town, or county) Baltimore, Md.		44. FUNERAL DIRECTOR Huntington-Walker, Inc. 2601-3-5 E. Madison St.		45. ADDRESS	

54432

CERTIFICATE OF DEATH

DATE OF DEATH

10005



P-625
3 10206
53-25232

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10206
Registered No.

1. NAME OF DECEASED (Type or Print)		RONALD LEE PEARSON		2. DATE OF DEATH		Nov. 17, 1953	
3. PLACE OF DEATH: a. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. FULL NAME OF (If not in hospital or institution, give street address or location)				a. STATE		b. COUNTY	
Provident Hospital				Maryland			
c. Length of stay in Baltimore				c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		11-02	
				D. STREET ADDRESS (If rural, give location)		1131 Park Avenue	
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
Male		Colored		Single		Oct. 13, 1953	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY			
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
Harry Lee Pearson				Calissa Henry			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT		ADDRESS	
No				Calissa Pearson		1131 Park Ave.	

18. 492x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) Antecedent causes		(A) Interstitial pneumonitis			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B)			
		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23a. SIGNATURE		23b. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23c. DATE SIGNED	
Joseph A. Jachims		M.D.		Nov. 18, 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY	
Burial		11/19/1953		Mt. Auburn	
24d. LOCAL REGISTRAR		24e. REGISTRAR'S SIGNATURE		24f. LOCATION (City, town, or county) (State)	
NOV 19 1953		H. H. Williams		Baltimore Md	
25. FUNERAL DIRECTOR		ADDRESS			
Mrs. Katie R. Williams		3224		Schroeder	

EMELIA SZYMANOWSKI

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10207

10207

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Emelia Szymanski

2. DATE
OF
DEATH

Nov 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2122 E. Pratt St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 31 hpt 1-05

c. Length of stay in Baltimore

53

D. STREET ADDRESS (If rural, give location)

2122 E. Pratt St

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

March 11, 1895

9. AGE (In years last birthday)

58

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Operator

10B. KIND OF BUSINESS OR INDUSTRY

Paints mixes.

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

John Szymanski

14. MOTHER'S MAIDEN NAME

Amelia Ostrowski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs Anthony Gallagher 2122 E Pratt St

ADDRESS

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Atherosclerotic Cardiovascular Disease 5 1/2 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Acute Coronary Failure 1 day

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 4 to Nov 18, 1953, that I last saw the deceased alive on Nov 4, 1953 and that death occurred at 1:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

M. D.

23B. ADDRESS

1127 N. Calvert St

23C. DATE SIGNED

11/18/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov 21/53 Holy Rosary

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

NOV 19 1953

REGISTRAR'S SIGNATURE

[Signature]

FUNERAL DIRECTOR

[Signature]

ADDRESS

[Signature]

S-160
53 10208BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10208
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rose Belle Sevier

2. DATE
OF
DEATH Nov. 16, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2627 Fait Ave.

C. CITY OR TOWN (If outside corporate limits, write full name and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2627 Fait Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
WIDOW

8. DATE OF BIRTH

Nov. 8, 1881

9. AGE (In years
last birthday)

72

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Baltimore City Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Thomas J. Johnson

14. MOTHER'S MAIDEN NAME

Josephine Crawford

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT 3641 Forest Hill Road
Mr. Horace A. Sevier Balto. 7 MD. ✓

1B. 481X and 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Influenza
DUE TO

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Diabetes mellitus.
DUE TO and
(C) Chronic myocarditis

Exp.

Exp.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1951, to Nov. 16, 1953, that I last saw the
deceased alive on Nov 16, 1953, and that death occurred at 8:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

George D. Lippert

M. D.

23B. ADDRESS

426 S. Patterson Park Ave.

23C. DATE SIGNED

11/17/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 19, 1953

24C. NAME OF CEMETERY OR CREMATORY

Oaklawn Cemetery

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Henry Sander & Sons Inc.
Baltimore Maryland

ADDRESS

Sey F. Sander

MARGIN RESERVED FOR BINDING
PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The
correct age is especially important. Physicians: please write the causes of death clearly and legibly.



5-320
53 10209

53 10209

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

IRTH NO.

NAME OF DECEASED
(Type or Print)

Winifred E Dadds

2. DATE
OF
DEATH

Mar. 18, 1953

PLACE OF DEATH:

Baltimore City, Maryland

1733 Olive St

FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

STITUTION

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

23-03

D. STREET ADDRESS (If rural, give location)

1733 Olive St

Period of stay in Baltimore

10 yrs

Yrs.
Mos.
Days

SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan 26, 1910

9. AGE (In years
last birthday)

43

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

Waitress

10B. KIND OF BUSINESS OR
INDUSTRY

Johns Restaurant

11. BIRTHPLACE (State or foreign country)

Huntington Pa.

12. CITIZEN OF
WHAT COUNTRY?

US

FATHER'S NAME

Joseph Showalter

14. MOTHER'S MAIDEN NAME

Mellie Shetron

13. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

916-25-3703

17. INFORMANT

ADDRESS

Arnold M. Dadds 1622 Elkens Lane

18. 171X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Carcinoma of Cervix

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

I hereby certify that I attended the deceased from 10/2/1953 to 11/18/1953, that I last saw the
deceased alive on 11/17, 1953, and that death occurred at 1:30 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

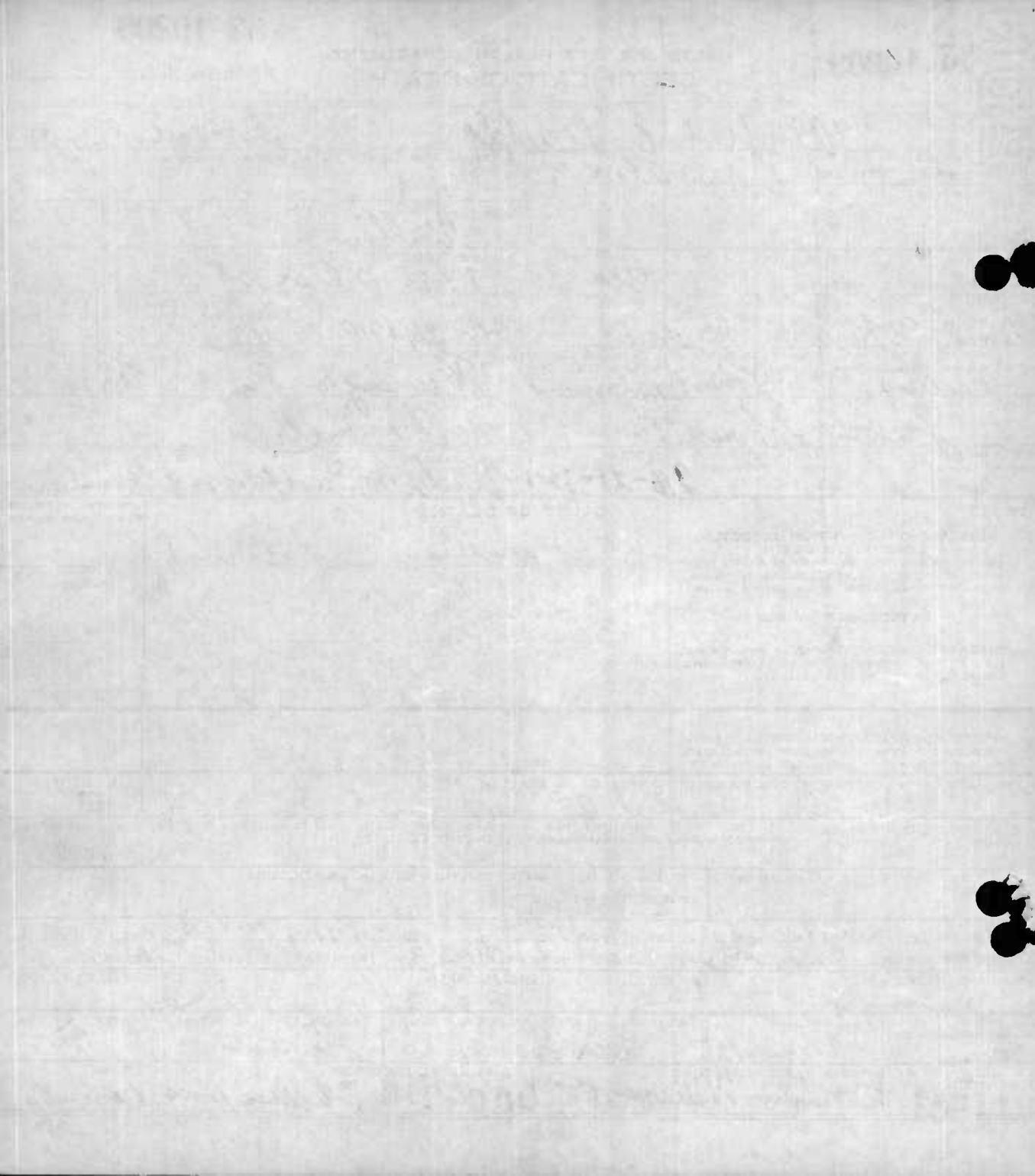
25. FUNERAL DIRECTOR

ADDRESS

419953

Huntington Williams

Dr. G. H. Dadds 1622 Elkens Lane



R-326

10210

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No 10210

1. NAME OF DECEASED
(Type or Print)

Rodgers, George Washington, Sr.

2. DATE
OF
DEATH

November 18, 1953

3. PLACE OF DEATH:

Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

Yrs.
Mos.
Days

5. Length of stay in Baltimore

6. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Shift Foreman (Retired) Pan American Refr

10B. KIND OF BUSINESS OR
INDUSTRY

9. FATHER'S NAME

George W. Rodgers

10. WAS DECEASED EVER IN U.S. ARMED FORCES?
(es, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.
216-03-99204. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

Anne Arundel

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Glen Burnie

D. STREET ADDRESS (If rural, give location)

1114 Fourth Avenue, S. W.

8. DATE OF BIRTH

Aug. 20, 1885

9. AGE (In years
last birthday)

68

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Mary Jane Wright

17. INFORMANT

14 Fourth Ave., S.W.

Edmund W. Rodgers, Glen Burnie, Md.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Posterior coronary occlusion

DUE TO
With

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Myocardial infarction

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from November 17, 1953 to November 18, 1953 that I last saw the
deceased alive on Nov. 18, 1953, and that death occurred at 9:45am., from the causes and on the date stated above.

23A. SIGNATURE

Edmund W. Rodgers

M. D.

23B. ADDRESS

1100 N. Caroline Street

23C. DATE SIGNED

Nov. 18, 1953

4A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 21, 1953

24C. NAME OF CEMETERY OR CREMATORY

CEDAR HILL

24D. LOCATION (City, town, or county)

Ritchie Highway, Brooklyn, Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. Singleton,

25. FUNERAL DIRECTOR

ADDRESS

Glen Burnie, Md.

52334

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

IN SENATE
JANUARY 10, 1910

10



4-540

10211

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10211

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William J. Hanley

2. DATE
OF
DEATH

11/17/53

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION 6132 Parkway Drive

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

d. STREET ADDRESS (If rural, give location)

6132 Parkway Drive

5. Length of stay in Baltimore

? ?

Yrs.
Mos.
Days

6. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 21, 1879

9. AGE (In years
last birthday)

74

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired (Currier)

10B. KIND OF BUSINESS OR
INDUSTRY

/////

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Patrick Hanley

14. MOTHER'S MAIDEN NAME

Brigid Glennon

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
020-10-5933

17. INFORMANT

ADDRESS

Mrs Eleanor Russell 6132 Parkway Dr

18. 422.1
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Ventricular fibrillation
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Anteriorly located coronary artery
DUE TO
(C) knownINTERVAL BETWEEN
ONSET AND DEATH

10 minutes

19. OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Retropharyngeal abscess

19A. DATE OF OPERATION

5/11/1953

19B. MAJOR FINDINGS OF OPERATION

Benign prostatic hypertrophy

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID INJURY OCCUR?
(If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from 26 Oct. 1953 to 13 Nov. 1953, that I last saw the
deceased alive on 13 Nov. 1953, and that death occurred at 2:20 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

25. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 18 1953

John A. Moran

3000 E. Balto. St.

6904V

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F 416
3 10212
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10212

1. NAME OF DECEASED
(Type or Print)

FILBERT, MRS. SOPHIA

2. DATE
OF
DEATH

11/17/53

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Church Home & Hospital

5. Length of stay in Baltimore

58

Yrs.
Mos.
Days

6. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M.

8. a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR
INDUSTRY

9. FATHER'S NAME

Joseph Tieble

10. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

11. SOCIAL SECURITY NO.

12. CITIZEN OF
WHAT COUNTRY?

13. INFORMANT

ADDRESS

18. 416x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Rheumatic Heart Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Polyurpic Kidney Disease

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Oct. 25, 1953, to Nov. 17, 1953, that I last saw the
deceased alive on Nov. 17, 1953, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

Burial

11/21/53

Holy Redeemer Cem.

Baltimore

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 19 1953

Wilmington

John A. Moran

3000 E. Balto. St.

SUBJECT: [Illegible]

[The body of the document contains several paragraphs of text that are extremely faint and illegible due to the quality of the scan. The text appears to be a formal report or memorandum.]

B-420

53 10213

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10213

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Balls, Grayson

2. DATE
OF
DEATH November 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

5. Length of stay in Baltimore

? ?

Yrs.
Mos.
Days

6. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)

Dispatcher

10B. KIND OF BUSINESS OR INDUSTRY

Bendix Radio Co.

9. FATHER'S NAME

John M. Balls

11. WAS DECEASED EVER IN U.S. ARMED FORCES?
(es, no or unknowns) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ADDRESS

Mrs Elizabeth Balls 5217 Ivanhoe Av

18. 162X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchogenic carcinoma

DUE TO With

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Metastases to supraclavicular lymph
gland

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from November 13, 1953, to November 18, 1953, that I last saw the deceased alive on Nov. 18, 1953, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 19 1953

Huntington Williams, M.D.

John A. Moran

3000 E. Balto. St.

3223M

1951

UNITED STATES DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1951

1. Name of deceased		2. Sex		3. Race		4. Date of birth		5. Date of death	
6. Place of birth		7. Usual residence		8. Cause of death		9. Manner of death		10. Signature of physician	
11. Signature of registrar		12. Signature of medical examiner		13. Signature of coroner		14. Signature of funeral director		15. Signature of hospital administrator	
16. Signature of health officer		17. Signature of local health department		18. Signature of state health department		19. Signature of federal health department		20. Signature of United States Department of Health	

53 10214

IRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10214
Registered No.

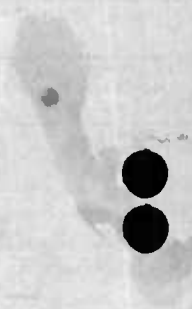
NAME OF DECEASED (Type or Print) MORRIS STEINBERG		2. DATE OF DEATH Nov. 19 - 1953	
PLACE OF DEATH: Baltimore City, Maryland Baltimore Md.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
FULL NAME OF (If not in hospital or institution, give street address or location) Southern Hospital of Maryland		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 3611 Cottage Ave. #5		E. Yrs. Mos. Days	
SEX M.		6. COLOR OR RACE W.	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M.		8. DATE OF BIRTH Nov. 15, 1890	
9. AGE (In years last birthday) 63		10. Under 1 Year Months Days	
11. BIRTHPLACE (State or foreign country) POLAND		12. CITIZEN OF WHAT COUNTRY?	
13. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) TAILER		14. FATHER'S MAIDEN NAME Rachael	
15. FATHER'S NAME Moses		16. SOCIAL SECURITY NO.	
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		17. INFORMANT ADDRESS Rodie Steinberg - wife 3611 Cottage Ave. #5	
18. 420.0		CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Acute pulmonary Edema	
ANTECEDENT CAUSES		(B) Atherosclerotic Heart disease	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) Myocardial infarction	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH 20 min.	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct. 27, 1953 to Nov. 19, 1953 , that I last saw the deceased alive on Nov. 19, 1953 and that death occurred at 1:30 pm , from the causes and on the date stated above.			
23A. SIGNATURE Tung-Hsiao Chang		23B. ADDRESS Lutheran Hospital	
23C. DATE SIGNED Nov. 19			
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 11-20-53	
24C. NAME OF CEMETERY OR CREMATORY Herrington Run		24D. LOCATION (City, town, or county) (State) Balto, Md.	
25. RECEIVED BY Huntington Williams		26. FUNERAL DIRECTOR Jack Lewis	
27. ADDRESS 2100 Cutaw Rd			

59046

1950

RECEIVED
FEBRUARY 24 1950

1950



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10215
Registered No.53 10215
BIRTH NO. 53-308901. NAME OF DECEASED
(Type or Print)

Baby Boy Sheehan

2. DATE
OF
DEATH

11/19/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

South Balto. General Hosp.

C. CITY OR TOWN

Balto. (4)

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1714 White oak Ave.

5355

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

11/19/53.

9. AGE (In years last birthday)

If Under 1 Year

If Under 24 Hours

Months

Days

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Sheehan

14. MOTHER'S MAIDEN NAME

Marie Griffith.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Dorothy Lucas 1714 White Oak Ave

18. 761.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

cerebral anoxia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

knots in cord?

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/19/53, 19, to 11/19/53, 19, that I last saw the deceased alive on 11/19/53, 19, and that death occurred at 6:35 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Donald O'Brien

23B. ADDRESS

1213 Light St

23C. DATE SIGNED

11/19/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/20/53

24C. NAME OF CEMETERY OR CREMATORIUM

Holy Redeemer

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

NOV 20 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

1217 St. Paul st.

ADDRESS

25-10512

25-10512

25-10512

M-640

53 10216

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10216
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Myerly, Edward Elias Jr.

2. DATE
OF
DEATH

November 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
RESIDENCE

St. Joseph's

Yrs.
Mos.
Days

5. Length of stay in Baltimore

6. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Track foreman

10B. KIND OF BUSINESS OR
INDUSTRY

Patapsco & Back R., R.R. Baltimore, Maryland

9. FATHER'S NAME

Edward E. Myerly Sr.

11. WAS DECEASED EVER IN U.S. ARMED FORCES?
(If yes, give war or dates of service)

No

12. SOCIAL
SECURITY NO.

13. MOTHER'S MAIDEN NAME

Emma K. Kumpf

14. INFORMANT

Edward E. Myerly Sr. E. 30th St

15. 199.9

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Generalized carcinomatosis
DUE TO (Original site undetermined)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from November 6, 1953 to November 18, 1953, that I last saw the
deceased alive on Nov. 18, 1953, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Louis A. Fritz

23B. ADDRESS

1400 N. Caroline Street

23C. DATE SIGNED

Nov. 18, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/23/53

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 20 1953 Huntington Walker, M.D. 1217 St. Paul St.

VS 150

52350

F. 500

53 10217

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10217

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA MARGARET FEHN

2. DATE
OF
DEATH

Nov 19, 1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

706 S. BRUCE ST

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

MD

19-04

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

706 S. BRUCE ST

5. Length of stay in Baltimore

6. SEX

FEMALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

Nov 5, 1881

9. AGE (In years
last birthday)

72

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

NICHOLAS FEHN

14. MOTHER'S MAIDEN NAME

KATHERINE KUHN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

THERESA B. KUHL 706 S. BRUCE ST

18. 332X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Thrombosis

DUE TO

8 yrs.

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐I hereby certify that I attended the deceased from Nov. 19, 1953, to Nov. 19, 1953, that I last saw the
deceased alive on Nov. 18, 1953, and that death occurred at 3:40 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 20 1953

Huntington Williams, M.D.

B.M. Walters

PRATT & STRICKER STS

07 1951

STATE OF NEW YORK
CERTIFICATE OF DEATH

Issued by

DEATH

DATE OF DEATH

DEATH OF THE DECEASED
The deceased was found by the coroner on the 1st day of January, 1951, at the residence of the deceased, 123 Main Street, New York City, New York. The deceased was found dead, and the cause of death was determined to be natural causes.

DEATH OF THE DECEASED
The deceased was found by the coroner on the 1st day of January, 1951, at the residence of the deceased, 123 Main Street, New York City, New York. The deceased was found dead, and the cause of death was determined to be natural causes.

DEATH OF THE DECEASED
The deceased was found by the coroner on the 1st day of January, 1951, at the residence of the deceased, 123 Main Street, New York City, New York. The deceased was found dead, and the cause of death was determined to be natural causes.

DEATH OF THE DECEASED
The deceased was found by the coroner on the 1st day of January, 1951, at the residence of the deceased, 123 Main Street, New York City, New York. The deceased was found dead, and the cause of death was determined to be natural causes.

DEATH OF THE DECEASED
The deceased was found by the coroner on the 1st day of January, 1951, at the residence of the deceased, 123 Main Street, New York City, New York. The deceased was found dead, and the cause of death was determined to be natural causes.

DEATH OF THE DECEASED
The deceased was found by the coroner on the 1st day of January, 1951, at the residence of the deceased, 123 Main Street, New York City, New York. The deceased was found dead, and the cause of death was determined to be natural causes.

DEATH

DEATH OF THE DECEASED
The deceased was found by the coroner on the 1st day of January, 1951, at the residence of the deceased, 123 Main Street, New York City, New York. The deceased was found dead, and the cause of death was determined to be natural causes.

DEATH OF THE DECEASED
The deceased was found by the coroner on the 1st day of January, 1951, at the residence of the deceased, 123 Main Street, New York City, New York. The deceased was found dead, and the cause of death was determined to be natural causes.

DEATH

DEATH OF THE DECEASED
The deceased was found by the coroner on the 1st day of January, 1951, at the residence of the deceased, 123 Main Street, New York City, New York. The deceased was found dead, and the cause of death was determined to be natural causes.

DEATH

53 10218

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10218
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Myrtle Boykins

2. DATE OF DEATH
Nov. 17, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1336 N. Stockton St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto. 15-01c. Length of stay in Baltimore
Yrs. ?
Mos.
DaysO. STREET ADDRESS (If rural, give location)
1336 N. Stockton St.

5. SEX

F

6. COLOR OR RACE

Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

10/10/06

9. AGE (In years last birthday)

47

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Troy, Alabama12. CITIZEN OF WHAT COUNTRY
USA

13. FATHER'S NAME

John Barr

14. MOTHER'S MAIDEN NAME

Eliz. Pitts

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT ADDRESS
Hazel Barney 835 E. 18th St. Erie Pa.

18. 420.0 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Heart Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Myocardial Failure

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/16, 1953, to 11/17, 1953, that I last saw the deceased alive on 11/17, 1953, and that death occurred at 10:45 p.m. from the causes and on the date stated above

23A. SIGNATURE

Gilbert L. Baughman M. D.

23B. ADDRESS

222 N. Fulton Ave

23C. DATE SIGNED

11/19/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/22/53

24C. NAME OF CEMETERY OR CREMATORY

Troy

24D. LOCATION (City, town, or county) (State)

Troy, Alabama

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

2501 G. Kelson 1303 Presstman St.

ADDRESS

Geo. S. Kelson

NOV 20 1953

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H-630

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10219

53 10219

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELIZABETH HARDY

2. DATE
OF
DEATH

Nov. 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE Zone 23

D. STREET ADDRESS (If rural, give location)

1604 Hollins ST.

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Feb 2, 1894

9. AGE (in years
last birthday)

59

If Under 1 Year
Months; DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

PENNSYLVANIA

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Daniel Grubb

14. MOTHER'S MAIDEN NAME

MARY HOLFEIDER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Patient's chart

18. 171X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Uremia

DUE TO

7 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

(B) Carcinoma of cervix Stage III 17 months

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

Ureteral transplant benignoid

Stage

19A. DATE OF OPERATION

11-11-53

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMED

urinary retention

IF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 22, 1953, to Nov. 18, 1953, that I last saw the
deceased alive on Nov. 18, 1953, and that death occurred at 2:00 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Helena C. Bruckman

M. D.

23B. ADDRESS

Lumena Hospital

23C. DATE SIGNED

11/18/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

Nov. 23-1953

24C. NAME OF CEMETERY OR CREMATORY

BALTIMORE NATIONAL Cem.

24D. LOCATION (City, town, or county)

Frederick Ave BALTO MD

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 20 1953

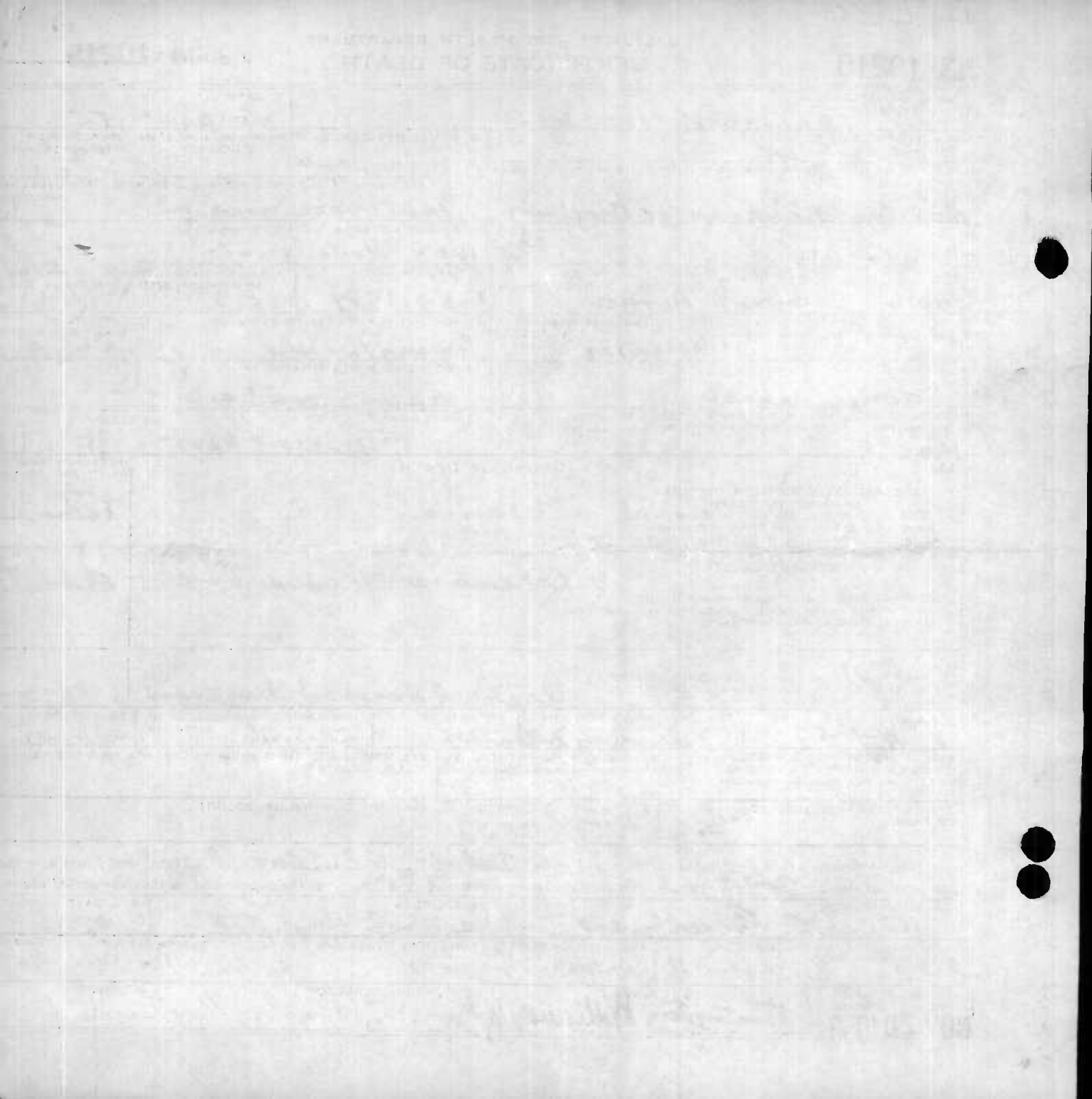
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

THOMAS J. KENNY Inc. 1600 Hollins St

ADDRESS



N-350

53 10220

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10220
Registered No.

BIRTH NO. 53-20028

1. NAME OF DECEASED
(Type or Print)

Jeffery Ray Wooten

2. DATE
OF
DEATH

August 6, 1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)

c. HOSPITAL OR INSTITUTION The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Maryland

b. COUNTY Anne Arundel

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Pasadena

5200

d. STREET ADDRESS (If rural, give location)

Box 445

e. Length of stay in Baltimore

Infant

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

August 5, 1953

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days

1

11 Under 24 Hours
Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Harold Ray Wooten

14. MOTHER'S MAIDEN NAME

Mary Doris Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hospital Records

18. 762.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Anoxia

Cong. cystic disease, R. lung;
Atelectasis, lung, left; patent
ductus arteriosusINTERVAL BETWEEN
ONSET AND DEATHOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

m.

WHILE AT
WORKNOT WHILE
AT WORK

22. I hereby certify that I attended the deceased from August 5, 1953, to August 6, 1953, that I last saw the deceased alive on August 6, 1953, and that death occurred at 1.50 Am., from the causes and on the date stated above.

23. SIGNATURE

M. D.

23b. ADDRESS

The Johns Hopkins Hospital

23c. DATE SIGNED

8/26/53

24. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

25. RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 20 1953

Huntington Williams, M.D. 210

Handwritten text, possibly a signature or name, appearing upside down.

53 10221

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10221
Registered No.

1. NAME OF DECEASED (Type or Print) Roland W. Averett		2. DATE OF DEATH 11/17/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
5. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hospital		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
7. LENGTH OF STAY IN BALTIMORE 30 yrs		8. STREET ADDRESS (If rural, give location) 637 Hillview Road	
9. SEX M	10. COLOR OR RACE C	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	12. DATE OF BIRTH 10/20
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labour		14. AGE (In years, last birthday) 45	
15. KIND OF BUSINESS OR INDUSTRY —		16. BIRTHPLACE (State or foreign country) Virginia	
17. FATHER'S NAME Joe E. Averett		18. MOTHER'S MAIDEN NAME Sheila C. Hunt	
19. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) —		20. SOCIAL SECURITY NO. —	
21. INFORMANT Hospital Record		22. ADDRESS —	
23. CAUSE OF DEATH 18. 526X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hemorrhagic Shock, Surgical DUE TO Bronchiectasis, right lower lobe with Atelectasis, chronic; Abscess formation and Pneumonitis. DUE TO Pleurisy, adhesive, chronic. DUE TO —		24. INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs	
25. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. —		26. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hemorrhagic tendency, acute, type undetermined.	
27. DATE OF OPERATION 11/17/53		28. CONDITION FOR WHICH OPERATION WAS PERFORMED Bronchiectasis	
29. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II —		30. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
31. ACCIDENT WAS UNDERLYING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		32. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —	
33. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? —		34. TIME (Month) (Day) (Year) (Hour) OF INJURY —	
35. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		36. HOW DID INJURY OCCUR? —	
37. I hereby certify that I attended the deceased from Oct. 27, 1953 , to Nov. 17, 1953 , that I last saw the deceased alive on Nov. 17, 1953 , and that death occurred at 3:08 P.m. , from the causes and on the date stated above.			
38. SIGNATURE James E. T. Hughes		39. ADDRESS 104 W. Madison Street	
40. DATE SIGNED 11/17/53		41. DATE RECEIVED BY LOCAL REGISTRAR NOV 20 1953	
42. REGISTRAR'S SIGNATURE Huntington Williams, M.D.		43. FUNERAL DIRECTOR Rayner Sanders	
44. ADDRESS —		45. ADDRESS 217 E. Preston St	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 10222H-155
53 10222
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Hoffman, Anna T.</u>		2. DATE OF DEATH <u>11-20-53</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MD.</u> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>University Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 18-03</u>	
c. Length of stay in Baltimore Yrs. <u>38</u> Mos. <u>?</u> Days		D. STREET ADDRESS (If rural, give location) <u>908 W. Lombard St.</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	8. DATE OF BIRTH <u>8/30/1885</u>	9. AGE (In years last birthday) <u>68</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>domestic</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>cleaning, etc.</u>	
11. BIRTHPLACE (State or foreign country) <u>Ind. BALTO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Bernard Hoffman</u>		14. MOTHER'S MAIDEN NAME <u>Amelia Eldeskein</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		17. INFORMANT ADDRESS <u>John M. Cave 908 W. Lombard St.</u>	

18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <u>Myocardial Infarction</u> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <u>Arteriosclerotic Cardiovascular Dis - ?</u> DUE TO	
	(C)	

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <u>none</u>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 11-19, 1953 to 11-19, 1953, that I last saw the deceased alive on 11-19, 1953, and that death occurred at 3:20 a.m., from the causes and on the 11-20-53 date stated above.

23A. SIGNATURE <u>H. E. Winslow, Jr.</u>	23B. ADDRESS <u>University Hospital</u>	23C. DATE SIGNED <u>11-20-53</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>11/21/53</u>	24C. NAME OF CEMETERY OR CREMATORY <u>New Cathedral Cem</u>
24D. LOCATION (City, town, or county) (State) <u>4300 Old Frederick Rd.</u>	24E. FUNERAL DIRECTOR <u>Huntington Williams, M.D.</u>	24F. ADDRESS <u>John J. Cowan & Son</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>NOV 20 1953</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	24F. ADDRESS <u>John J. Cowan & Son</u>

72

88 11 092

3 1 8

CERTIFICATE OF DEATH

Registered No. 53 10223

BIRTH NO. 53 10223

1. NAME OF DECEASED
(Type or Print)

William Glock

2. DATE
OF
DEATH

Nov. 18-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

2-01

D. STREET ADDRESS (If rural, give location)

2022 Portugal St. zone 31

C. Length of stay in Baltimore

7 days ?

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Feb. 19, 1884

9. AGE (In years
last birthday)

69?

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Port Guard

10B. KIND OF BUSINESS OR
INDUSTRY

U.S. Gov.

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Adam Glock

14. MOTHER'S MAIDEN NAME

Mary Anna Vogeding

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

Yes

(If yes, give war or dates of service)

World War # 1

16. SOCIAL
SECURITY NO.

216-16-1408

17. INFORMANT ADDRESS

4940 Eastern Ave. Records: Baltimore City Hospitals

18.

E 917.9

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)Multiple 2nd. degree burns over thermal
(A) burns, forearm and head, 1st. degree burn, lateral
chest
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Acute myocardial degeneration
DUE TO
(C) Pulmonary edema, bilateral basal partial
atelectasis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

Cerebral arteriosclerosis and atrophy

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Home ?

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

2022 Portugal St. ?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

11

9 ?

53

21E. INJURY OCCURRED
WHILE AT WORK ☒ ? NOT WHILE AT WORK ☐ ?

21F. HOW DID INJURY OCCUR?

?

22. I hereby certify that I attended the deceased from 11-11-1953, to 11-18-1953, that I last saw the deceased alive on 11-18-1953, and that death occurred at 12.05am, from the causes and on the date stated above.

23A. SIGNATURE

John R. ...

M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md. 11-18-1953

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 20, 1953

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National Cem. Baltimore Maryland

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 20 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Henry Sander & Sons Inc.

ADDRESS

0 Baltimore Maryland

VS 150

TO BE APPROVED BY THE MEDICAL EXAMINER

N948.2

76391

George Sander

CERTIFICATION APPROVED BY
J. Sander

Called Medical Examiner's office 11/23/53 re manner
accident occurred. ES

"Decedent could not answer any questions while in hospital.
He lived alone, no one seemed to know anything about burns"

C-640
53 10224BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10224

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frances Crowley

2. DATE
OF
DEATH

Nov 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Oct 7

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

B. COUNTY

md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 11-01

D. STREET ADDRESS (If rural, give location)

920 N. Calvert St.

c. Length of stay in Baltimore

15 Years

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Lafayette Indiana

12. CITIZEN OF
WHAT COUNTRY

U.S.A.

13. FATHER'S NAME

John Thomas Coulter

14. MOTHER'S MAIDEN NAME

Eunice Coulter

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 521x and 322.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Lung Abscess

6 min?

ANTECEDENT CAUSES

(B)

DUE TO

Chronic alcoholism

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☒ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/5, 1953 to 11/18, 1953 that I last saw the
deceased alive on 11/18, 1953 and that death occurred at 9:25 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Edward L. Cleverly M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

20 November 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremation

24B. DATE

Nov. 20, 1953

24C. NAME OF CEMETERY OR CREMATORY

Greenmount Cemetery

24D. LOCATION (City, town, or county)

Baltimore Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 20 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

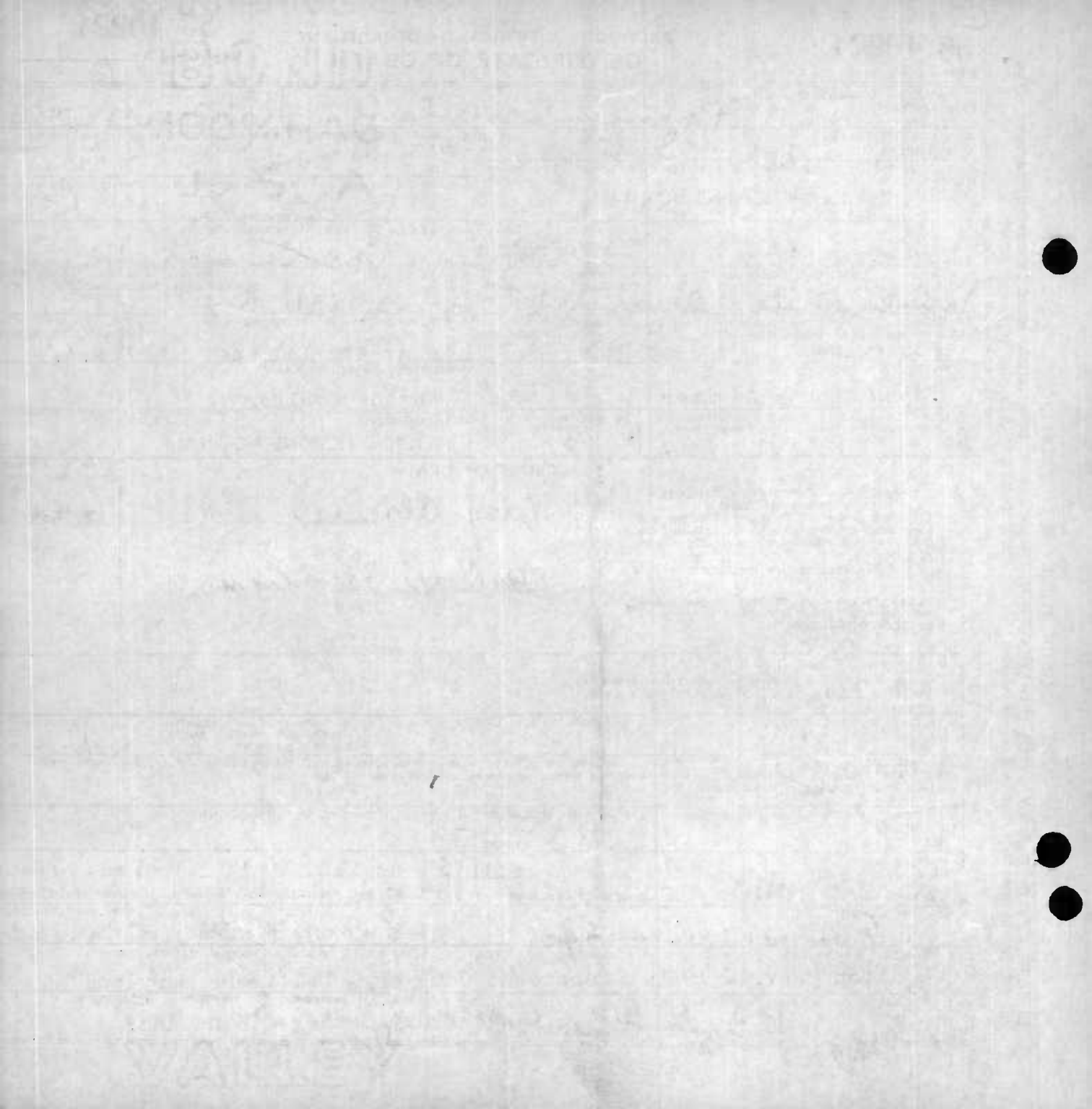
Henry Sander & Sons Inc.

ADDRESS

Baltimore Maryland

VS 150

George Sander



3-520
3 10225

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10225

Registered No.

IRTH NO.

NAME OF DECEASED
(Type or Print)

GOWING
Mrs. Bessie V. Gowing

2. DATE
OF
DEATH

11/19/53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF

HOSPITAL OR
INSTITUTION

Maryland General Hospital
Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland, Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

104 W. 27 St. #18

Length of stay in Baltimore

SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
(WIDOWED, DIVORCED (Specify))

8. DATE OF BIRTH

Jan, 16, 1882

9. AGE (in years
last birthday)

71

If Under 1 Year
Months: Days

11

4

If Under 24 Hours
Hours: Min.

A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

H. W

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

FATHER'S NAME

Frank Carter

14. MOTHER'S MAIDEN NAME

Isabelle Norris

WAS DECEASED

NO

EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

217-037-7007
B.C. 29050

17. INFORMANT *Stansbury Mill Road*
Mrs Robert B. Fisher *Phoenix Md.*

18. *154X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) *Carcinoma of Rectum*

5 months

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE. (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

10. 24. 53

19B. MAJOR FINDINGS OF OPERATION

Adenocarcinoma of rectum & liver metastasis

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from *10. 24*, 19*53*, to *11. 19*, 19*53* that I last saw the
deceased alive on *11. 19*, 19*53*, and that death occurred at *1:15* Am., from the causes and on the date stated above.

23A. SIGNATURE

Dr. J. H. Anderson

M. D.

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

11. 19. 53

A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 21, 1953

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore Maryland

(State)

TE RECEIVED BY
CAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Henry Osander & Sons Inc.

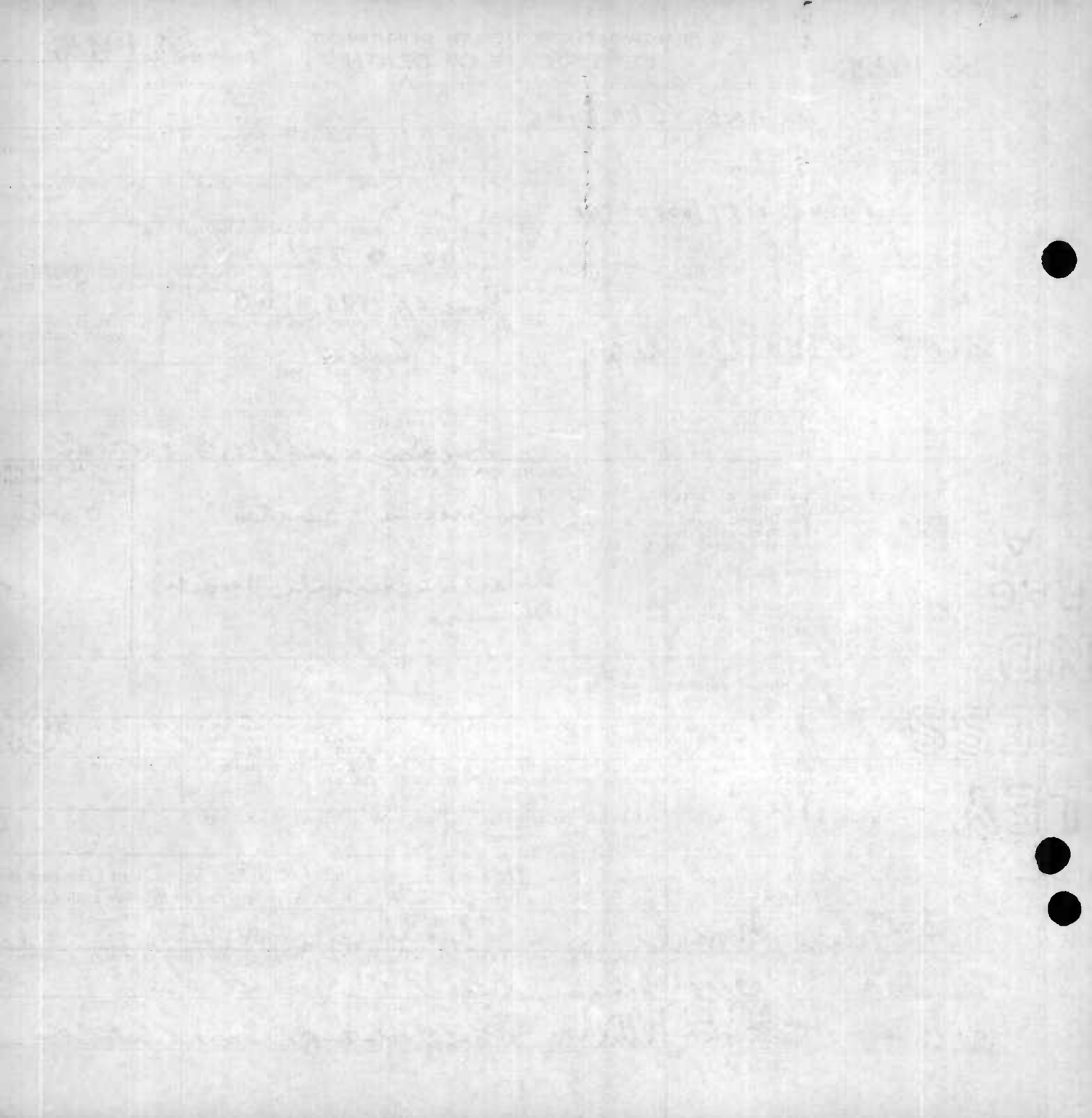
ADDRESS

Baltimore Maryland

NOV 20 1953

VS 150

Dr. J. H. Anderson



S-530

53 10227

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10227

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Walter Crawford Smith

2. DATE
OF
DEATH

Nov. 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE Maryland B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3413 Paton Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-18

O. STREET ADDRESS (If rural, give location)

3413 Paton Ave.

C. Length of stay in Baltimore

102 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED/DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 7, 1886

9. AGE (in years last birthday)

67

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ducklayer

10B. KIND OF BUSINESS OR INDUSTRY

Construction Company

11. BIRTHPLACE (State or foreign country)

Bristol, Va

12. CITIZENSHIP
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Smith

14. MOTHER'S MAIDEN NAME

Emma Randolph

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

109-10-8476

17. INFORMANT

Mrs. Emma Smith

18. ADDRESS

3413 Paton Ave.

18. 199.8

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Broncho pneumonia

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Carcinoma of liver & lungs

2 yrs

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 5, 1953, to Nov 18, 1953, that I last saw the deceased alive on Nov 17, 1953, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Randolph H. Spitzberg

M.D.

23B. ADDRESS

5329 Reisterstown Rd

23C. DATE SIGNED

Nov 19, 1953

24A. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

24B. DATE

Nov. 20, 1953

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Pk.

24D. LOCATION (City, town, or county)

Baltimore Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 20 1953

REGISTRAR'S SIGNATURE

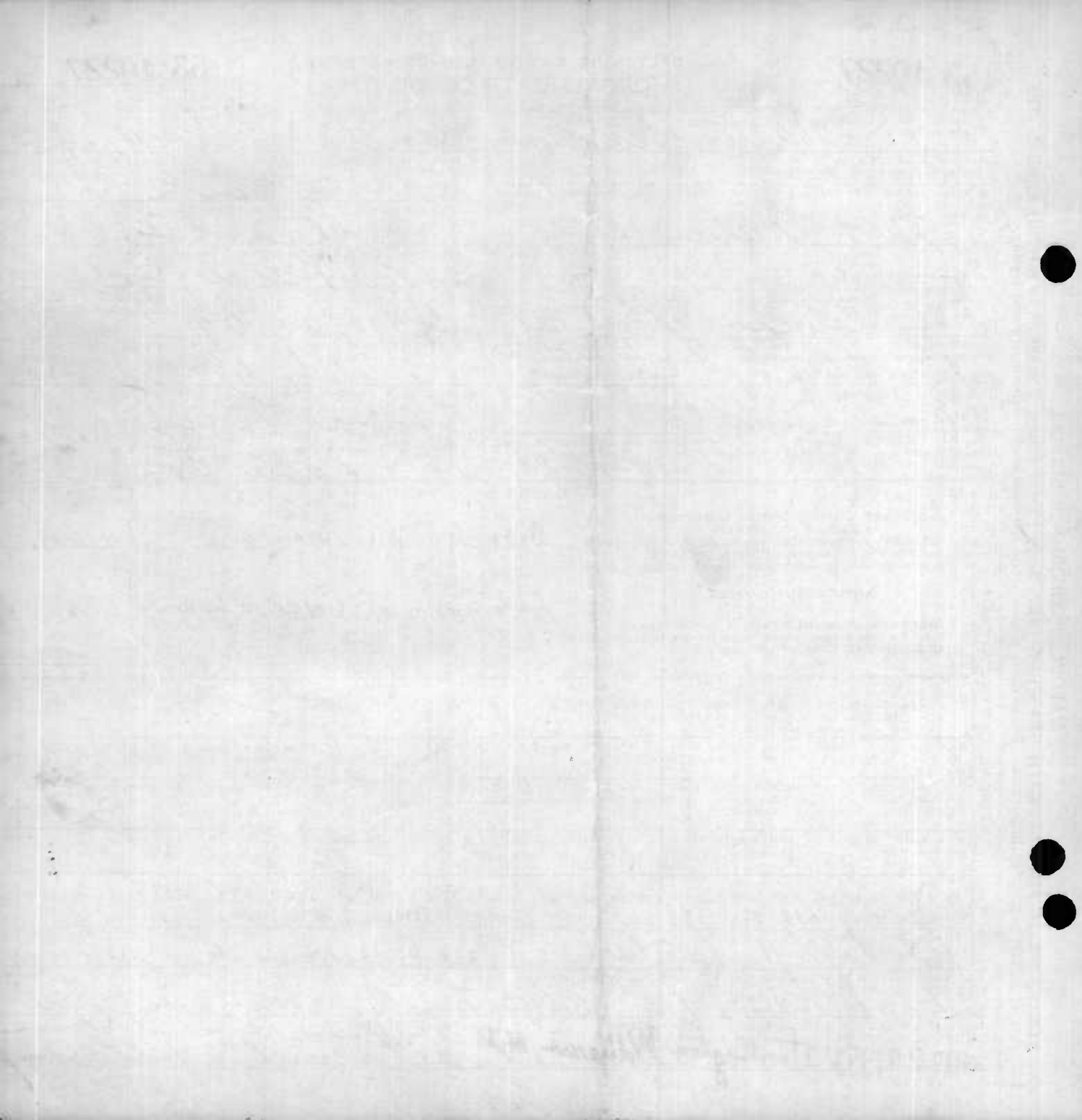
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

1231 Daniel Hill Ave

ADDRESS HOME

1231 Daniel Hill Ave



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10228

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY

ALBERS

2. DATE
OF
DEATH

November 12, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Maryland General Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

823 N. Eutaw Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

May 31 - 1879

9. AGE (In years
last birthday)

74

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Chemist

11. BIRTHPLACE (State or foreign country)

St. Louis

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs M. Mullan 1108 Hamburg St

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (a. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Wesley W. Smith

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Nov. 13, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov 20 - 53

24C. NAME OF CEMETERY OR CREMATORY

Lay Hill Cemetery

24D. LOCATION (City, town or county)

Lanest Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Schubert Funeral Home

ADDRESS

1726 W. Cross St

VS 151

js

007 FZ

1726 W. Cross St

28501 2c

UNITED STATES OF AMERICA

28501 2c

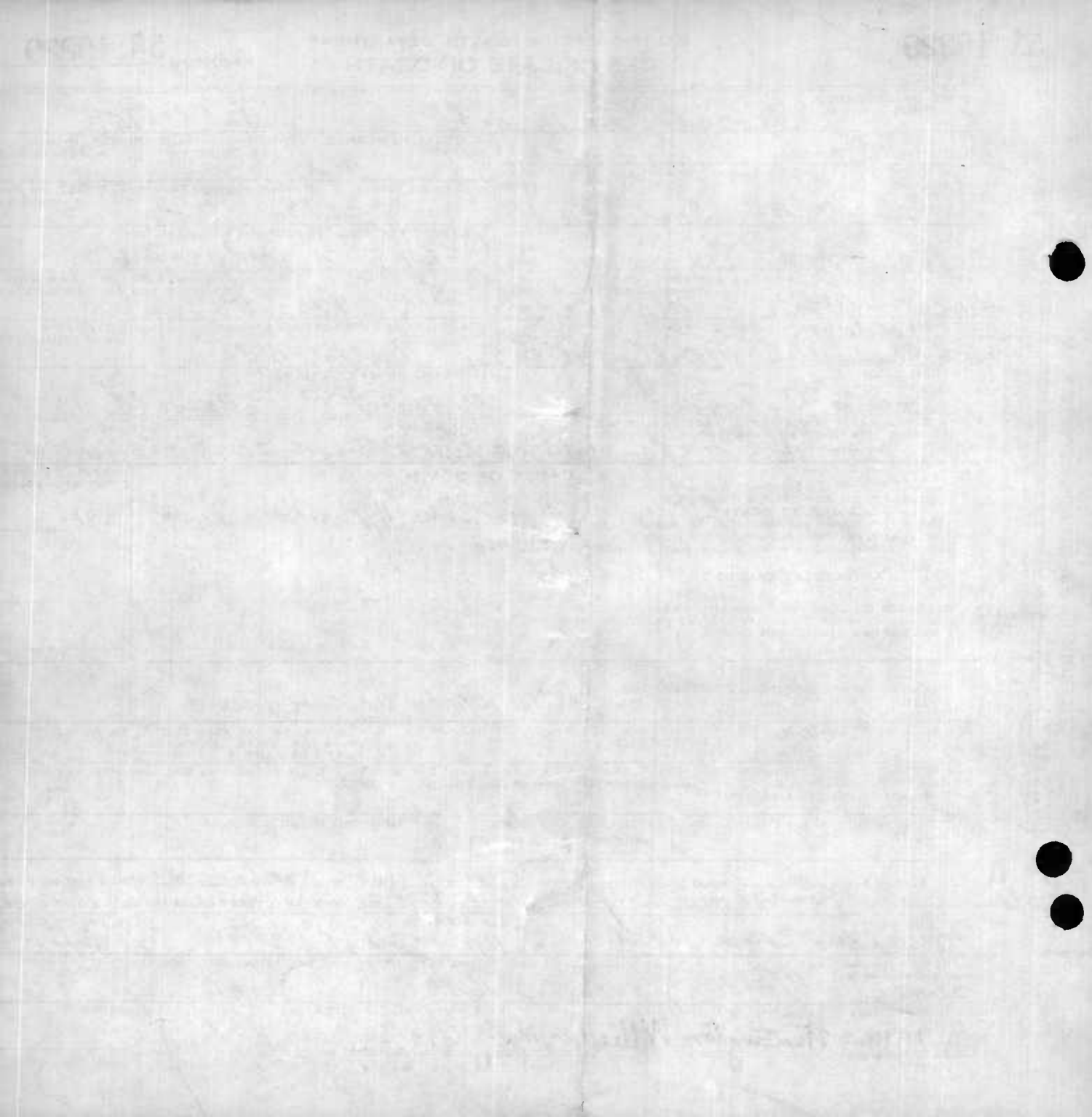
MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 10229**

BIRTH NO. 53 10229		2. DATE OF DEATH 11/18/53	
1. NAME OF DECEASED (Type or Print) George O. Fresch		3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2638 N. Calvert St.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Balto.	
C. LENGTH OF STAY IN BALTIMORE Yrs. 0 Mos. 0 Days 0		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.	
D. STREET ADDRESS (If rural, give location) 2638 N. Calvert St.		E. DATE OF BIRTH 5/14/1870	
5. SEX Male		9. AGE (In years last birthday) 83	
6. COLOR OR RACE White		10. A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fresh-Chadwell Co	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		10B. KIND OF BUSINESS OR INDUSTRY Hotel Supplies	
11. BIRTHPLACE (State or foreign country) Balto, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Lewis J. Fresch		14. MOTHER'S MAIDEN NAME Margaret R. Rodewald	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 220-03-1430A	
17. INFORMANT June P. Fresch		ADDRESS 2638 N. Calvert St.	
18. 180X		CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) Carcinoma (Hypopharyngeal) Left DUE TO Kidney	
ANTECEDENT CAUSES		(B) DUE TO (C) 	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO (C) 	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Arteriosclerotic Vascular Disease	
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from October , 1950, to November 18 , 1953, that I last saw the deceased alive on November 18 , 1953 and that death occurred at 11:20 m., from the causes and on the date stated above.			
23A. SIGNATURE Marland Edward Day		23B. ADDRESS 4-E-33rd St Balto 18	
23C. DATE SIGNED November 20, 1953		23D. DATE 11/20/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. NAME OF CEMETERY OR CREMATORY Loudon Park	
24C. LOCATION (City, town, or county) Balto. Md.		24D. NAME OF CEMETERY OR CREMATORY Loudon Park	
24E. LOCATION (City, town, or county) Balto. Md.		24F. LOCATION (City, town, or county) Balto. Md.	
25. FUNERAL DIRECTOR Huntington Walligano, M.D.		ADDRESS 1217 St. Paul St.	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 10230**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Capt. WILLIAM Davis WHITSON

2. DATE
OF
DEATH

November 19, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Virginia

B. COUNTY

W-43

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Baltimore City Morgue

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Norfolk

D. STREET ADDRESS (If rural, give location)

119 Beechwood Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 13, 1890

9. AGE (In years last birthday)

63

10 Under 1 Year Months Days

11 Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Capt. Tug Boat

10B. KIND OF BUSINESS OR INDUSTRY

Steamship Lines

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Davis Whitson

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Odasey P. Whitson-119 Beechwood Ave. Norfolk, Va.

ADDRESS

18. **422.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Arteriosclerotic cardiovascular disease**

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Partial Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☒
M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Nov. 19, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

11/20/53

24C. NAME OF CEMETERY OR CREMATORY

Forest Lawn Cem.

24D. LOCATION (City, town, or county) (State)

Norfolk, Va.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 20 1953

Huntington Williams, M.D. J. Dickner & Sons

VS 151

js

29055 Balto. 17, Md.

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(KSO) 21

RECEIVED 10/10/50

10/10/50

W-452

3 10231

IRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10231

NAME OF DECEASED
(Type or Print)

Mack Williams

2. DATE
OF
DEATH

11/19/1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)
OSPITAL OR INSTITUTION

1318 Edmondson Ave.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Balto.

16-02

D. STREET ADDRESS (If rural, give location)

1318 Edmondson Ave.

Let of stay in Baltimore

SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Male

Col.

Married

8. DATE OF BIRTH

Sept. 12, 1895

9. AGE (in years last birthday)

58

10. UNDER 1 Year Months: Days

11. UNDER 24 Hours Hours: Min.

11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Plasterer

12. KIND OF BUSINESS OR INDUSTRY

13. BIRTHPLACE (State or foreign country)

Ala.

14. CITIZEN OF WHAT COUNTRY?

U.S.A.

15. FATHER'S NAME

?

16. MOTHER'S MAIDEN NAME

?

17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

No

18. SOCIAL SECURITY NO.

19. INFORMANT

ADDRESS

Estelle Williams 1318 Edmondson Ave.

18. 155 X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Carcinoma of liver & gallbladder 18 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Chronic valvular disease heart 5 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-20-1953 to 11-19-1953, that I last saw the deceased alive on 11-18-1953 and that death occurred at 4:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

TE RECEIVED BY CAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

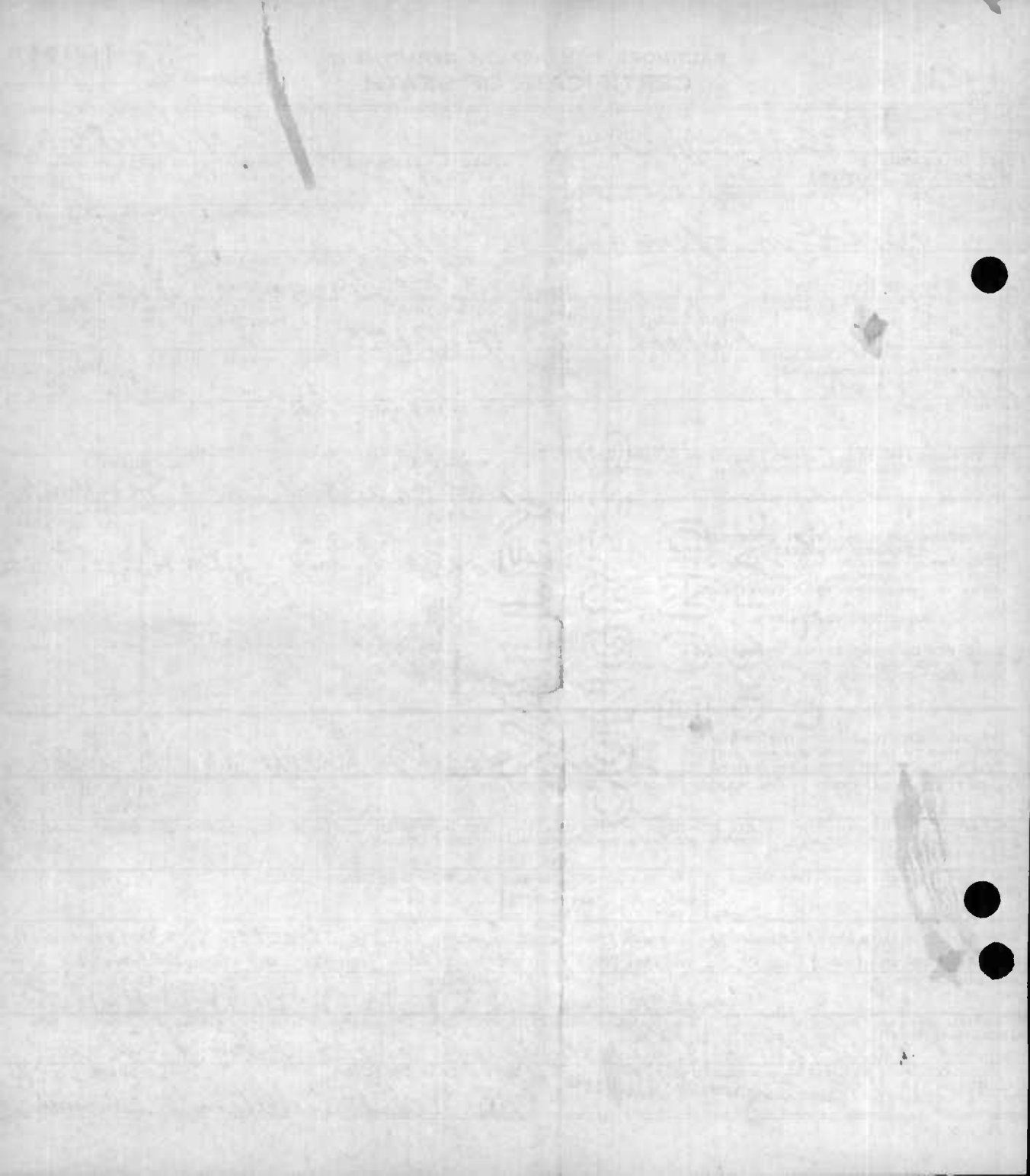
ADDRESS

OCT 20 1953

Huntington Halliwell

Mrs. Kate R. Williams Schroeder

573 24



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 10232**P-620
JL-176730
53 10232
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Richard Pierce			2. DATE OF DEATH Nov. 19, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 405 S. Bond St. -31		
5. SEX M	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 13, 1895	9. AGE (In years last birthday) 57	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Paper Hanger		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Richard Pierce			14. MOTHER'S MAIDEN NAME Lydia Horner		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS B. C. H. Records, 4940 Eastern Ave.		
18. 150x and 002x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Esophagus Pulmonary Tuberculosis			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19. IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-16 , 19 53 to 11-19 , 1953, that I last saw the deceased alive on 11-19-53 , 19____, and that death occurred at 12.19 AM from the causes and on the date stated above.					
23A. SIGNATURE <i>H. J. [Signature]</i>		23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 11-19-53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		11-21-53		Mt. Carmel [Signature]	
DATE RECEIVED BY LOCAL REGISTRAR NOV 20 1953		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR ADDRESS <i>L. J. Zeller INC 403. S. Wolfe St</i>	

100-100000

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

E 524

53 10233

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

53 10233

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Engelmyer

OR MARY Angela-OR Angie
Engelmyer, Mrs. Mary H2. DATE
OF
DEATH

11-19-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore City, Md

D. STREET ADDRESS (If rural, give location)

457 11th Street Ave

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE MARRIED,
WIDOWED DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

10-7-1878

9. AGE (In years
last birthday)

75

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Cook -

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore - Md

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John McDonald

14. MOTHER'S MAIDEN NAME

Lydia Hyland

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Donald ENGELMYER - SAME

18. 157X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cardiac Arrest in Operating Room while Doing
cholecystectomy

10 min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Advanced liver Disease & Obstructive
Jaundice

6 wks

(C)

Carcinoma Head of Pancreas

6 mm - 1 yr.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

1 cleared by med exam. for autopsy

19A. DATE OF OPERATION

11-19-53

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMED

Co Head of Pancreas

IF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORKNOT WHILE
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-16, 1953, to 11-19, 1953, that I last saw the
deceased alive on 11-19, 1953, and that death occurred at 10:41 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Leonard J. Flay

M. O.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

11-19-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-23-53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

BALTO

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 20 1953

REGISTRAR'S SIGNATURE

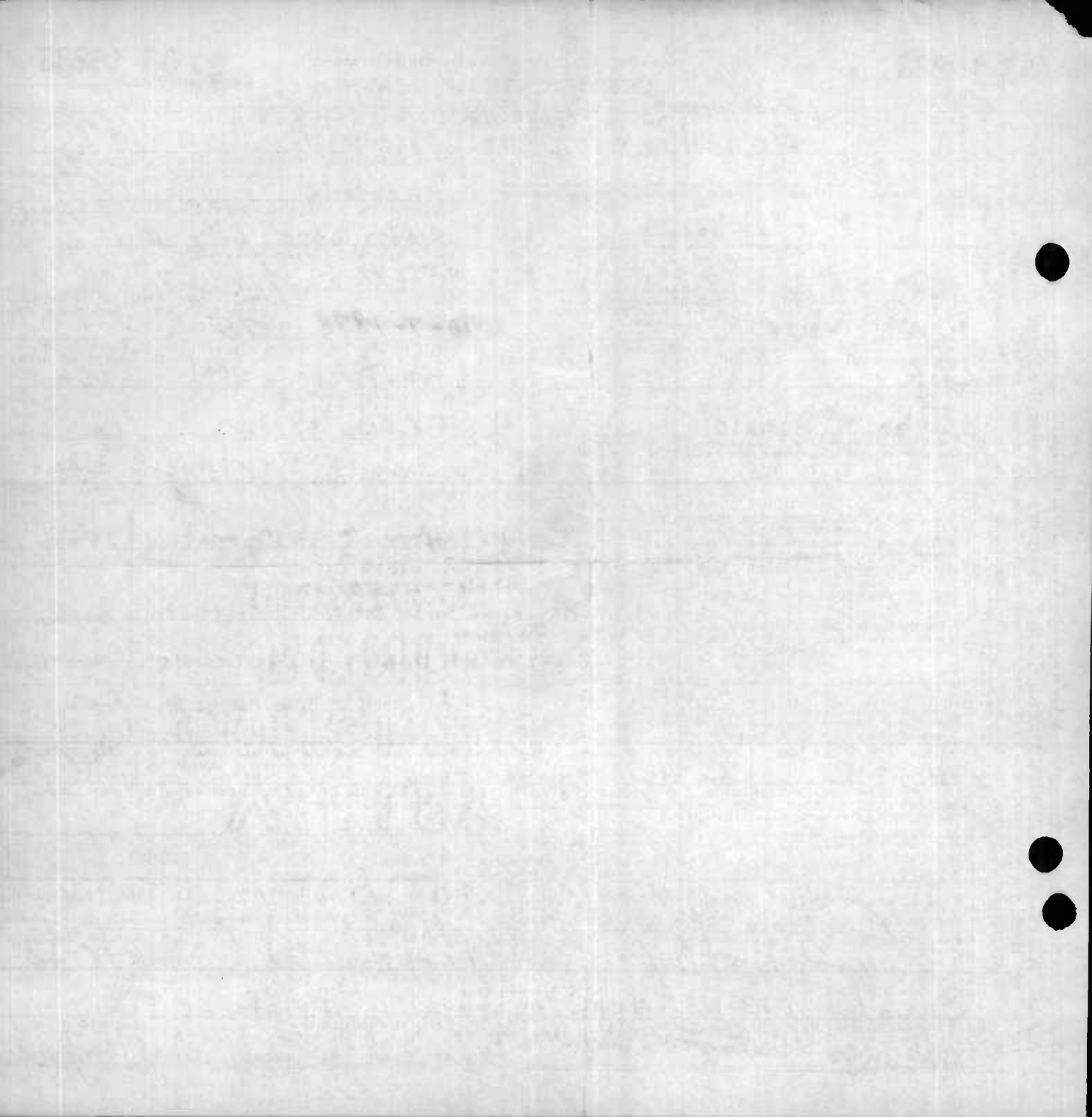
Huntington Williams

FUNERAL DIRECTOR

Leonard J. Luck

ADDRESS

5305 Hayford



2-252

3 10234

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10234

1. NAME OF DECEASED (Type or Print) <u>Joseph Henry Cushing</u>		2. DATE OF DEATH <u>Nov 18-53</u>	
3. PLACE OF DEATH: <u>Baltimore City, Maryland</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>26-08</u>	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <u>3718 Gough St.</u>		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto.</u>	
7. LENGTH OF STAY IN BALTIMORE <u>52 yrs.</u>		8. STREET ADDRESS (If rural, give location) <u>3718 Gough St</u>	
9. SEX <u>Male</u>	10. COLOR OR RACE <u>White</u>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	12. DATE OF BIRTH <u>June 22 1871</u>
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Train Opt.</u>		14. KIND OF BUSINESS OR INDUSTRY <u>U.S. Gov. Annapolis</u>	
15. FATHER'S NAME <u>Lorenzo Cushing</u>		16. MOTHER'S MAIDEN NAME <u>Emily Black</u>	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? <u>No</u>		18. SOCIAL SECURITY NO. <u>None</u>	
19. INFORMANT <u>Gertrude Turner</u>		20. ADDRESS <u>3718 Gough St</u>	
21. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Arteriosclerotic Cardiovascular Disease</u> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Generalized Arteriosclerosis</u> DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
22. DATE OF OPERATION <u>11-5-53</u>		23. MAJOR FINDINGS OF OPERATION	
24. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>234 S. Conneling St</u>	
26. TIME (Month) (Day) (Year) (Hour) <u>11:45</u>		27. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
28. HOW DID INJURY OCCUR?		29. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
30. I hereby certify that I attended the deceased from <u>11-5-53</u> , to <u>11-18-53</u> , that I last saw the deceased alive on <u>11-5-53</u> , and that death occurred at <u>11:45</u> m., from the causes and on the date stated above.			
31. SIGNATURE <u>John Constantine</u>		32. ADDRESS <u>234 S. Conneling St</u>	
33. DATE <u>Nov. 21-53</u>		34. NAME OF CEMETERY OR CREMATORY <u>Warpfieldsburg Cem</u>	
35. LOCATION (City, town, or county) <u>Westminister Md</u>		36. DATE SIGNED <u>11-18-53</u>	
37. RECEIVED BY LOCAL REGISTRAR <u>Huntington</u>		38. REGISTRAR'S SIGNATURE <u>William</u>	
39. ADDRESS <u>Dupont Bldg. 1800 E. Lombard St</u>		40. ADDRESS <u>Dupont Bldg. 1800 E. Lombard St</u>	

STATE OF ILLINOIS
CERTIFICATE OF DEATH

STATE OF DEATH

N-526

10235

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10235
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY LULA NINGARD

2. DATE
OF
DEATH

NOV. 20, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

500 HARWOOD AVE

C. CITY OR TOWN (If outside corporate limits, give RAIL and give
BALTO. 27-48 township)

D. STREET ADDRESS (If rural, give location)

500 HARWOOD AVE.

c. Length of stay in Baltimore

60 YRS.

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

MAY 28, 1880

9. AGE (In years
last birthday)

73

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

OWN HOME

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

FRANKLIN WILSON

14. MOTHER'S MAIDEN NAME

SALLIE SULLIVAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

MR. PAUL S. NINGARD

ADDRESS

ABOVE

18. 153X and 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Probable carcinoma of colon with
liver metastases.

ANTECEDENT CAUSES

(B)

DUE TO

Diabetes mellitus

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953, to death, 1953, that I last saw the
deceased alive on Nov 18, 1953, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Walter B. Buch

M. D.

23B. ADDRESS

18 E. Egan St

23C. DATE SIGNED

Nov 20, 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

11-23-1953

24C. NAME OF CEMETERY OR CREMATORY

BALTIMORE

24D. LOCATION (City, town, or county)

BALTIMORE

(State)

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 20 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

H.W. JENKINS & SONS

ADDRESS

4905 YORK RD.

Ha Walter B Buck
18 E Lager St

W-200

3 10236

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10236

BIRTH NO.

1. NAME OF DECEASED (Type or Print) SAMUEL MORRIS WASKOW			2. DATE OF DEATH Nov 20, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY 15-12		
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 3645 COTTAGE AVE			C. CITY OR TOWN BOLTO		
6. Date of death of stay in Baltimore 63			D. STREET ADDRESS (If rural, give location) 3645 COTTAGE AVE		
7. SEX Male	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	10. DATE OF BIRTH 76	11. AGE (In years last birthday) 76	12. If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TAILOR			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME BERNARD WASKOW			14. MOTHER'S MAIDEN NAME Not Known Rachael		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 262-12-6298		
17. INFORMANT HENRY B. WASKOW			ADDRESS 3645 Cottage Ave		
18. 420.11 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis DUE TO Hyper tensive Cardio- Vascular Disease DUE TO NONE			INTERVAL BETWEEN ONSET AND DEATH 50 min		
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> OR NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 7, 1950 to Nov 20, 1953 , that I last saw the deceased alive on Nov 20, 1953 , and that death occurred at 12:30 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Samuel K. Tompkins		23B. ADDRESS 3600 Oak Heights Ave		23C. DATE SIGNED Nov 20, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-22-1953		24C. NAME OF CEMETERY OR CREMATORY HEBREW BENEFICIAL ASSO	
24D. LOCATION (City, town, or county) WASHINGTON D.C.		24E. FUNERAL DIRECTOR Frank Lewis Inc - 2100 Eutaw Pl		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR NOV 20 1953					

1950

CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Birth		5. Date of Death	
6. Place of Birth		7. Cause of Death		8. Manner of Death		9. Signature of Physician		10. Signature of Registrar	
11. Name of Informant		12. Relationship to Deceased		13. Address of Informant		14. City		15. State	
16. County		17. District		18. Sub-District		19. Block		20. Lot	
21. Map Reference		22. Census Tract		23. Precinct		24. Ward		25. City	
26. State		27. Country		28. Continent		29. Hemisphere		30. Latitude	
31. Longitude		32. Time Zone		33. Daylight Saving Time		34. Standard Time		35. Summer Time	
36. Winter Time		37. Daylight Saving Time		38. Standard Time		39. Summer Time		40. Winter Time	
41. Daylight Saving Time		42. Standard Time		43. Summer Time		44. Winter Time		45. Daylight Saving Time	
46. Standard Time		47. Summer Time		48. Winter Time		49. Daylight Saving Time		50. Standard Time	
51. Summer Time		52. Winter Time		53. Daylight Saving Time		54. Standard Time		55. Summer Time	
56. Winter Time		57. Daylight Saving Time		58. Standard Time		59. Summer Time		60. Winter Time	
61. Daylight Saving Time		62. Standard Time		63. Summer Time		64. Winter Time		65. Daylight Saving Time	
66. Standard Time		67. Summer Time		68. Winter Time		69. Daylight Saving Time		70. Standard Time	
71. Summer Time		72. Winter Time		73. Daylight Saving Time		74. Standard Time		75. Summer Time	
76. Winter Time		77. Daylight Saving Time		78. Standard Time		79. Summer Time		80. Winter Time	
81. Daylight Saving Time		82. Standard Time		83. Summer Time		84. Winter Time		85. Daylight Saving Time	
86. Standard Time		87. Summer Time		88. Winter Time		89. Daylight Saving Time		90. Standard Time	
91. Summer Time		92. Winter Time		93. Daylight Saving Time		94. Standard Time		95. Summer Time	
96. Winter Time		97. Daylight Saving Time		98. Standard Time		99. Summer Time		100. Winter Time	

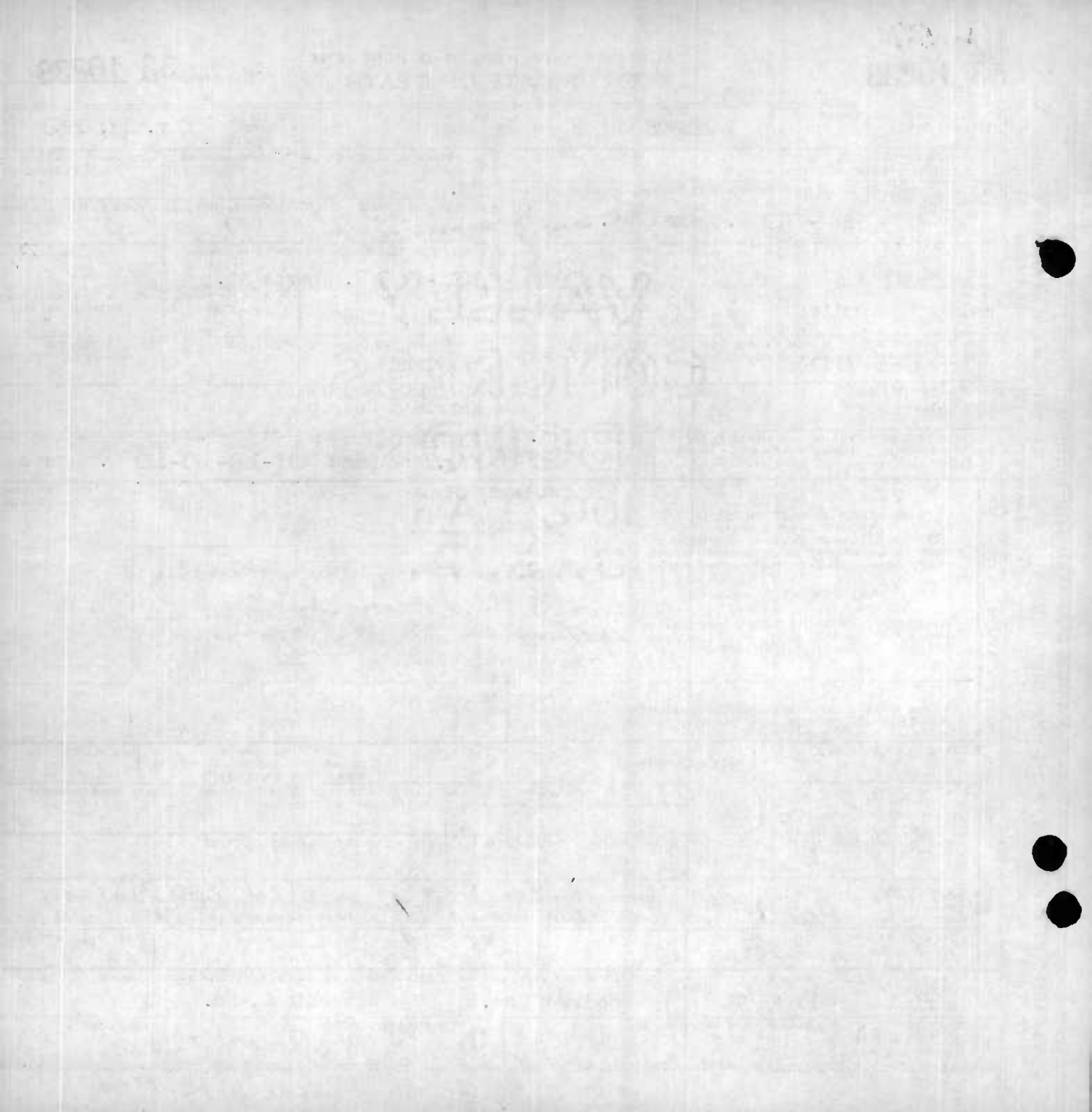
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 10237****T-460**
53 10237
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Edward Benton Taylor			2. DATE OF DEATH Nov 18-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Maitburg 3			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-11		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 305 E. Highfield Rd		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 1-18-92	9. AGE (In years last birthday) 61	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President		10B. KIND OF BUSINESS OR INDUSTRY Dental Supplies	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William Edward F. Taylor			14. MOTHER'S MAIDEN NAME Caroline Benton		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes		16. SOCIAL SECURITY NO. World War No. 1	17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL		
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary embolism, multiple DUE TO Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Congestive heart failure Hypertensive Cardiovascular Disease			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-6 19 53 , to 11-18 , 19 53 , that I last saw the deceased alive on 11-18 , 19 53 , and that death occurred at 2:15 P.M., from the causes and on the date stated above.					
23A. SIGNATURE Norman E. Shaver M.D.			23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 11-18-53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/21/53	24C. NAME OF CEMETERY OR CREMATORY Lorraine Maus.		24D. LOCATION (City, town, or county) (State) Woodlawn, Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 20 1953		REGISTRAR'S SIGNATURE Huntington Halliday		25. FUNERAL DIRECTOR Wm J. Shaver & Sons ADDRESS 29065 Baeto. 17, Md.	

19

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 10238D-100
53 10238

BIRTH NO.		1. NAME OF DECEASED (Type or Print) JESSOP DUFF		2. DATE OF DEATH Nov. 19, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Md. B. COUNTY 19-04			
B. FULL NAME OF HOSPITAL OR INSTITUTION 321 - 323 S. Monroe St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 321 - 323 S. Monroe St.			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 19, 1886	9. AGE (In years, last birthday) 67	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Groerman (Rtl)		10B. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Fletcher Duff		14. MOTHER'S MAIDEN NAME Harriett Jessop	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Ann Paist Duff-321-323 S. Monroe	
18. 241X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Aspirin DUE TO Pneumonia in officina Due to Old Bronchitis Aspirin - and myeloma ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 11/20/53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1944 to Nov 19, 1953 , that I last saw the deceased alive on Nov 19, 1953 , and that death occurred at 7:45 m., from the causes and on the date stated above.					
23A. SIGNATURE Wm. J. Tichener		23B. ADDRESS 3033 W. North St.		23C. DATE SIGNED 11/20/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/23/53		24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.	
24D. LOCATION (City, town, or county) (State) Woodlawn, Md.		24E. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.		24F. LOCATION (City, town, or county) (State) Woodlawn, Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 20 1953		REGISTRAR'S SIGNATURE Wm. J. Tichener		25. FUNERAL DIRECTOR ADDRESS Wm. J. Tichener & Sons Balto. 17, Md.	



53 10239

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10239

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LOUIS

SCHALLER

2. DATE
OF
DEATH

November 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
INSTITUTION

Johns Hopkins Hospital

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

514 Patapsco Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

July 1902

9. AGE (In years
last birthday)

51

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Shipping Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Glen Martin

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Garob

14. MOTHER'S MAIDEN NAME

Anna Koch

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Louis Schaller Jr.

18. E 812.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Massive pulmonary embolus

DISEASE

ANTECEDENT CAUSES

(B) Thrombophlebitis, left leg

DISEASE

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(C) Compound comminuted fracture, left
tibia and fibula

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Pulaski Highway at Haven Street 26/44

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Nov. 15, 1953 1:00 A. m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by auto (hit and run)

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Schaller

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☒

M.D.

MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Nov. 19, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 23/53

24C. NAME OF CEMETERY OR CREMATORY

St Stanislaus

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Fred W. Ozogowski

ADDRESS

NOV 20 1953

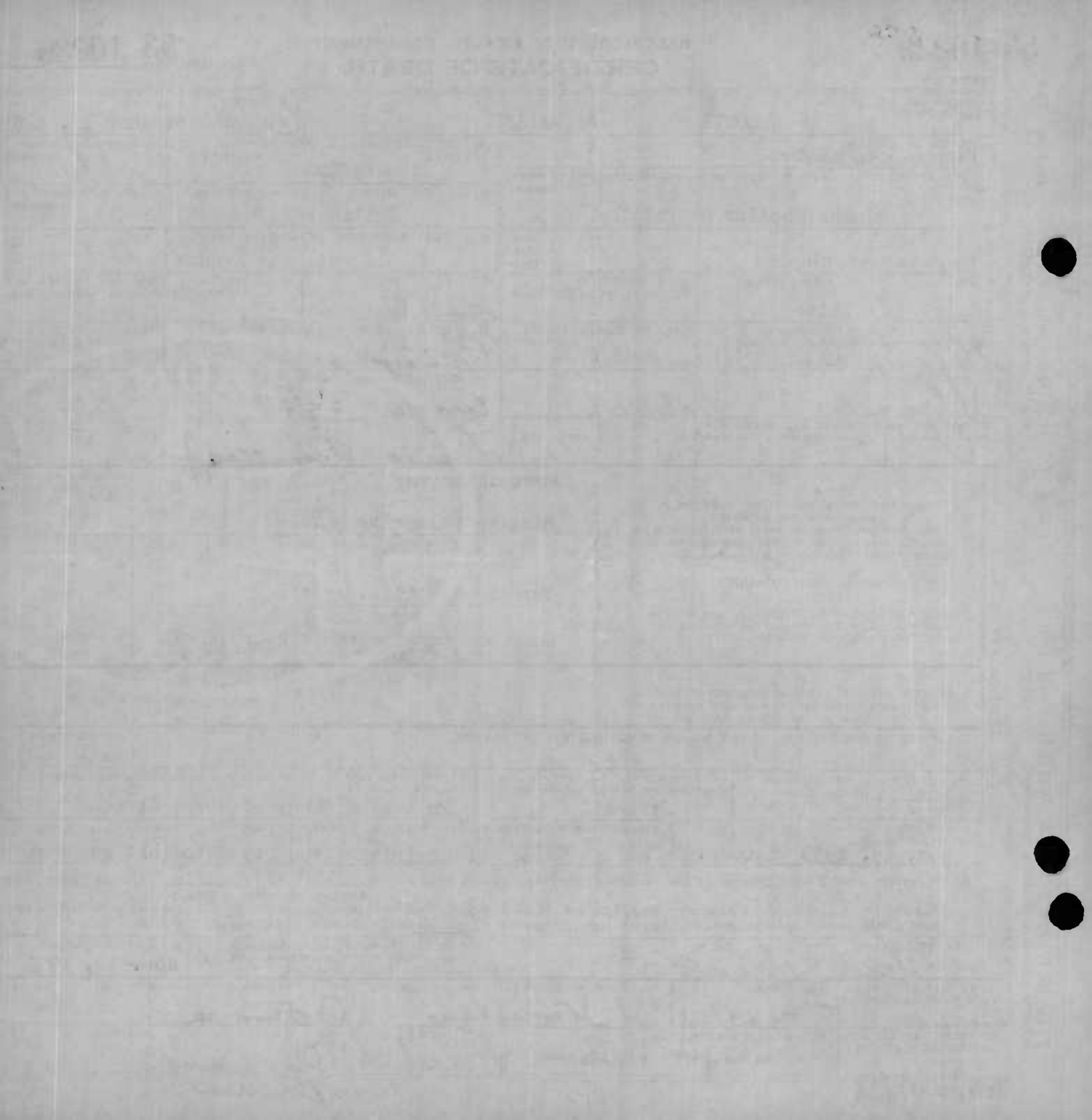
N 823.0

3423T 1930 Baltimore

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



M-635

53 10240

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10240

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4003 Keswick Rd.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4003 Keswick Road

C. Length of stay in Baltimore

30 yrs

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Real Estate

10B. KIND OF BUSINESS OR INDUSTRY

Real Estate

13. FATHER'S NAME

Henry Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

2. DATE OF DEATH

November 18, 1953

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4003 Keswick Road

8. DATE OF BIRTH

Sept 24, 1879

9. AGE (In years last birthday)

74

11. BIRTHPLACE (State or foreign country)

New York City

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Mary Harr

17. INFORMANT

Julius B. Martin

ADDRESS

4003 Keswick Rd.

18. 177X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) CARCINOMA OF PROSTATE
DUE TO with generalized metastasis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) ARTERIO-SCLEROTIC HEART DISEASE

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 March 1950 to 18 Nov 1953, that I last saw the deceased alive on 18 Nov 1953, and that death occurred at 1:45 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. William W. Walls M.D.

23B. ADDRESS

512 Cathedral

23C. DATE SIGNED

20 Nov 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial Nov 24/53

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Hicksville, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Erving Byers 50005

ADDRESS

Park Heights

Kennedy Waller.

512 - Calhoun

K-534

53 10241

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10241
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Marie Kandlik

2. DATE
OF DEATH Nov. 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

2708 Erdman Avenue

C. CITY OR TOWN (If outside corporate limits, give RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2708 Erdman Avenue

C. Length of stay in Baltimore

65 Years

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowe

8. DATE OF BIRTH

Nov. 2, 1866

9. AGE (In years
last birthday)

87

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House work

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Bohemia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Frank Janda

14. MOTHER'S MAIDEN NAME

Anna -----

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
None

17. INFORMANT

Edward J. Kandlik, 2708 Erdman Ave.

ADDRESS

18. E902.0 I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

DUE TO

Arterio Sclerosis of the heart
Coronary artery disease
Myocardial infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

Fracture of femur
Fracture of humerus
Fracture of radius

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMED21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DISEASE OR INJURY OCCURRED
(Give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 17, 1953, to Nov. 18, 1953, that I last saw the
deceased alive on Nov. 17, 1953, and that death occurred at 6:30 AM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 20 1953

Huntington Williams, M.D. Tr. Ovach & Son, 900 N. Chester St.,

1951 50

1951 50

1

ORGANIZATION REPORT

53 10242

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10242
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lawrence L. Gill, Sr.

2. DATE
OF
DEATH

Nov. 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md..

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Mercy Hospital D O A

C. CITY OR TOWN (If outside corporate limits, write full name, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4305 Nicholas Ave.

5. SEX

Male

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

Yrs.
Mos.
Days

B. DATE OF BIRTH

Jan. 3, 1896

9. AGE (In years last birthday)

57

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Watch Maker

10B. KIND OF BUSINESS OR INDUSTRY

Self Employed

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Noah Bill

14. MOTHER'S MAIDEN NAME

Mary Black

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL SECURITY NO.

216-05-8539

17. INFORMANT

Lawrence J. Gill, Jr. 4305 Nicholas Ave

18.

443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Cerebral Hemorrhage
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive cardiovascular disease
DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1946 to Nov 13, 1953, that I last saw the deceased alive on Nov 13, 1953, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. F. Battaglia

M. O.

23B. ADDRESS

5829 Belair Rd Baltimore

23C. DATE SIGNED

11/20/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 21, 1953

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 20 1953

Huntington Williams, M.D. 1913 W. Balto. St

Dr Battaglia

F 455
Dr. Flynn.

3 10243

IRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10243

NAME OF DECEASED
(Type or Print)

CHARLES A. FLEMING

2. DATE
OF DEATH 11-17-53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)
OSPITAL OR INSTITUTION

2206 Greenmount Ave.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

2206 Greenmount Avenue

Length of stay in Baltimore

SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Male White Married8. DATE OF BIRTH 9. AGE (In years, last birthday) 10. Under 1 Year 11. Under 24 Hours
74 Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Shipping Dept.10B. KIND OF BUSINESS OR INDUSTRY
Sam. Kirk Co

11. BIRTHPLACE (State or foreign country)

Canada

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
Thomas Fleming

14. MOTHER'S MAIDEN NAME

Jane Griffing

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)
no -

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mrs. Cecilia Fleming 2206 Greenmount Ave.18. 420.1
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
CAUSE OF DEATH
(A) Coronary Occlusion
DUE TO

INTERVAL BETWEEN ONSET AND DEATH

2 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐ 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-17, 1953, to 11-17, 1953 that I last saw the deceased alive on 11-17, 1953, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE J. D. Flynn M. D. 23B. ADDRESS 11 E Chase St 23C. DATE SIGNED 11-19-53

24A. BURIAL, CREMATION, REMOVAL (Specify) 24B. DATE 11-21-53 24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem. 24D. LOCATION (City, town, or county) City (State)

25. FUNERAL DIRECTOR ADDRESS
WIEDEFELD & SON
GREENMOUNT AVE & 22ND.

STATE OF NEW YORK
DEPARTMENT OF HEALTH

1917

REPORT OF THE DEPARTMENT OF HEALTH

FOR THE YEAR 1917

ALBANY: J.B. LIPPINCOTT COMPANY, 1918.

PRINTED BY THE STATE PRINTING OFFICE.

RECEIVED JAN 10 1918

DEPT. OF HEALTH

ALBANY, N.Y.

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53 10244

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10244

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY LOUISE DOWNS

2. DATE
OF
DEATH

11-19-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1818 N. Mount St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-04

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1818 N. Mount St.

5. SEX

F.

6. COLOR OR RACE

Col

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

7-5-78

9. AGE (In years
last birthday)

25

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Rufus Carpenter

14. MOTHER'S MAIDEN NAME

Arenia Hall

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Harry Carpenter 1224 Angyle Ave

1B. 443X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cerebral Hemorrhage.

INTERVAL BETWEEN
ONSET AND DEATH

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertensive Heart.

3 mos

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-5-1953 to 11-19-1953, that I last saw the
deceased alive on 11-19-1953, and that death occurred at 2:00 P.M., from the causes and on the date stated above.

23A. SIGNATURE

George C. Gage

23B. ADDRESS

1818 N. Mount St.

23C. DATE SIGNED

11-20-53

24A. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

24B. DATE

11/22/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Balto

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

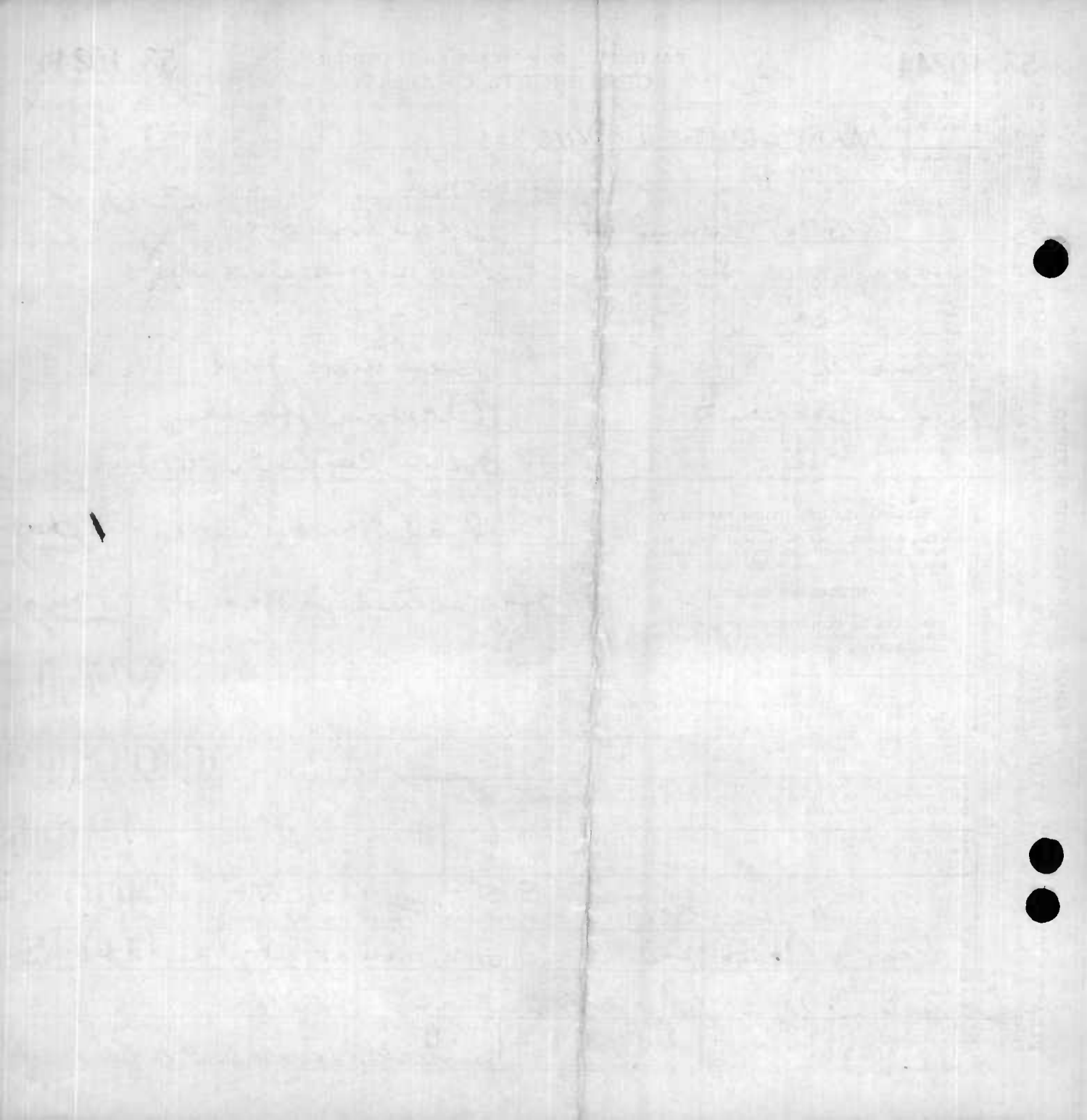
25. FUNERAL DIRECTOR

James A. Stages, 638 N. Guilford St.

ADDRESS

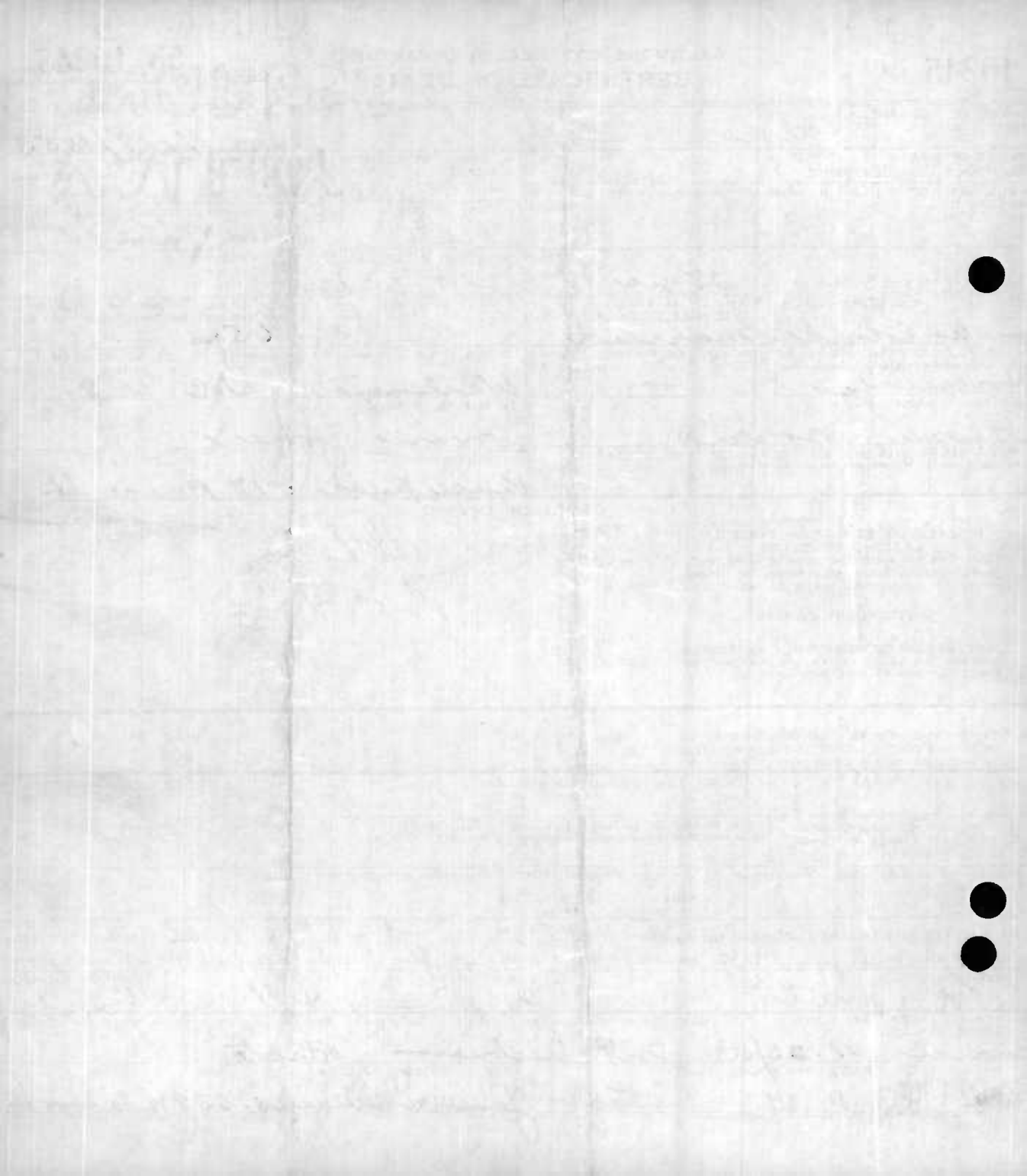
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R-300
10245BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10245
Registered No.

1. NAME OF DECEASED (Last, first, middle, or Print) <i>Josephine Rudd</i>		2. DATE OF DEATH <i>11/19/1953</i>	
3. PLACE OF DEATH: Baltimore City, Maryland <i>518 Brune</i>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>3-18 Brune</i> B. COUNTY	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <i>Josephine Rudd</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto Md 17-03</i>	
6. SEX <i>Female</i>		D. STREET ADDRESS (If rural, give location) <i>518 Brune</i>	
7. COLOR OR RACE <i>Colored</i>		E. AGE (In years last birthday) <i>65</i>	
8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		9. DATE OF BIRTH <i>6-5-88</i>	
10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>Housewife</i>		11. BIRTHPLACE (State or foreign country) <i>Washington, D.C.</i>	
12. FATHER'S NAME <i>George Morris</i>		13. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>		15. SOCIAL SECURITY NO. <i>334X</i>	
16. CAUSE OF DEATH (A) <i>Cerebral Apoplexy</i> (B) <i>Paralysis</i> (C) <i>Due to</i>		17. INTERVAL BETWEEN ONSET AND DEATH	
18. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		19. MAJOR FINDINGS OF OPERATION	
20. DATE OF OPERATION <i>11/23/53</i>		21. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
22. 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		23. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
24. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		25. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
26. 21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK AT <input type="checkbox"/> WORK		27. 21F. HOW DID INJURY OCCUR?	
28. I hereby certify that I attended the deceased from <i>11/15</i> to <i>11/19</i> , 1953, that I last saw the deceased alive on <i>11/19</i> , 1953, and that death occurred at <i>10 P.m.</i> , from the causes and on the date stated above.		29. 23A. SIGNATURE <i>B. M. Rhetta</i>	
30. 23B. ADDRESS <i>2134 D. Hill St</i>		31. 23C. DATE SIGNED <i>11/20/53</i>	
32. 24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		33. 24B. DATE <i>11/23/53</i>	
34. 24C. NAME OF CEMETERY OR CREMATORY <i>2nd. Auburn</i>		35. 24D. LOCATION (City, town, or county) (State) <i>Balto</i>	
36. RECEIVED BY <i>Huntington Williams</i>		37. 25. FUNERAL DIRECTOR <i>W. C. 638 N. Gilman St</i>	



0-455

53 10246

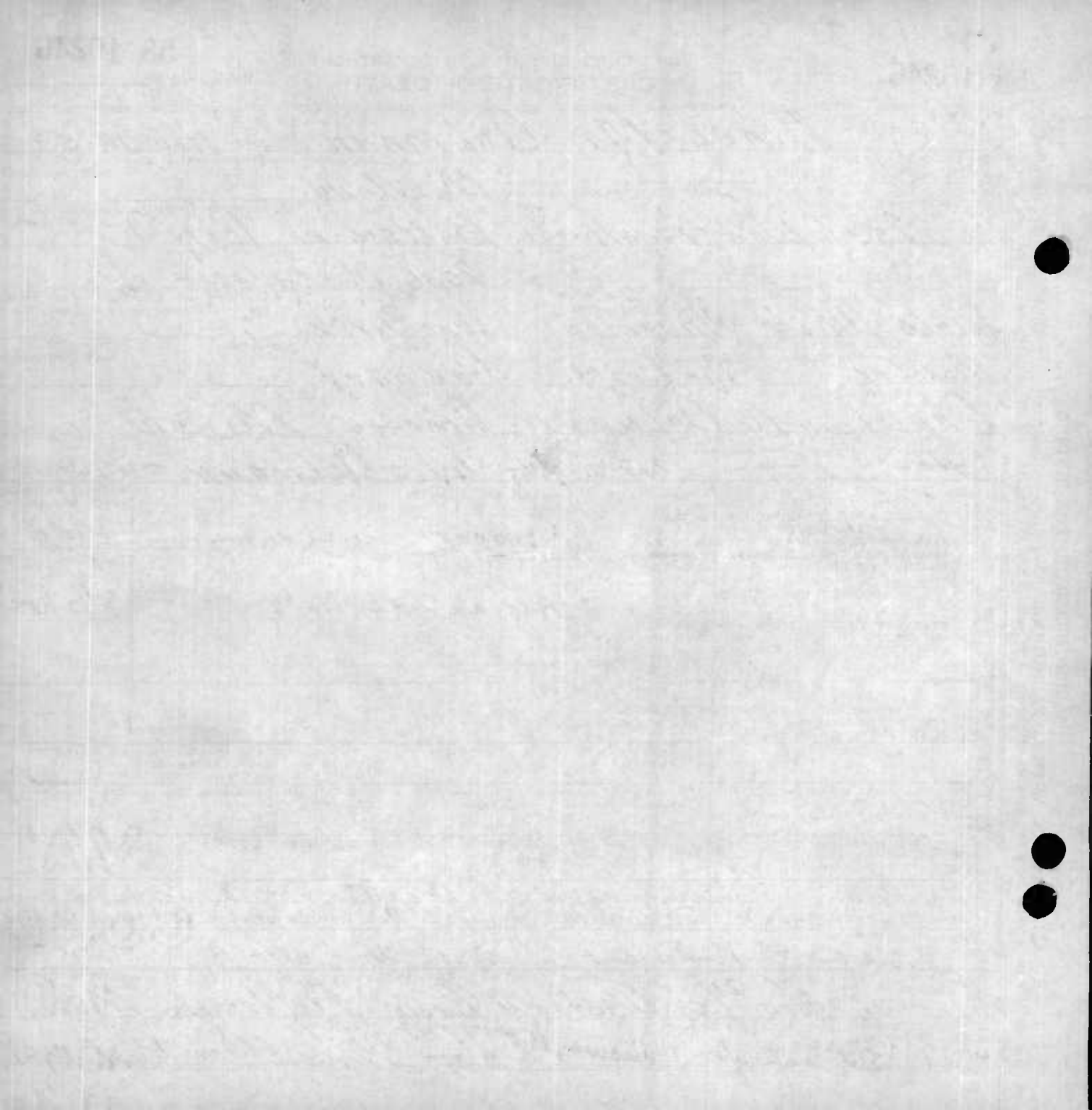
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10246

Registered No.

1. NAME OF DECEASED (Type or Print) <i>Emil - Max - Oehlmann</i>			2. DATE OF DEATH <i>Nov-18-53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>2536 West Fayette St.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore City</i>		
C. Length of stay in Baltimore Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>			D. STREET ADDRESS (If rural, give location) <i>2536 W. Fayette St.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>June 3/1882</i>	9. AGE (In years last birthday) <i>71</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Modeler</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Air Craft</i>		
11. BIRTHPLACE (State or foreign country) <i>Germany</i>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>Christian O Oehlmann</i>			14. MOTHER'S MAIDEN NAME <i>Rosalie Minck</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No.</i>			16. SOCIAL SECURITY NO. <i>218-01-9369</i>		
17. INFORMANT <i>Julia Oehlmann - Sane</i>			ADDRESS		
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <i>Coronary occlusion</i> DUE TO			INTERVAL BETWEEN ONSET AND DEATH <i>acute</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>Angina pectoris</i> DUE TO			(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Feb. 18, 1947</i> to <i>Nov. 18, 1953</i> , that I last saw the deceased alive on <i>June 2, 1953</i> , and that death occurred at <i>10 P.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Gilbert E. Rudman</i>		23B. ADDRESS <i>2517 W. Balto. H.</i>		23C. DATE SIGNED <i>11/20/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24B. DATE <i>Nov. 21/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Western View Baltimore Md.</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore Md.</i>		24E. LOCAL REGISTRAR'S SIGNATURE <i>Nov 21 1953</i>			
24F. REGISTRAR'S SIGNATURE <i>Nov 21 1953</i>		24G. REGISTRAR'S ADDRESS <i>570 3T</i>			



U-0000
53 10247

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10247
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Essie Foye S. Day</i>			2. DATE OF DEATH <i>Nov. 19, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Maryland</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Maryland general Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore <i>50</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>1719 Park Ave., Balto 17</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>June 26, 1880</i>		9. AGE (In years last birthday) <i>73 yrs.</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>South Carolina</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
13. FATHER'S NAME <i>Julius Stipple</i>			14. MOTHER'S MAIDEN NAME <i>Frances Hendley</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Rev. Arthur C. Day</i>		
			ADDRESS <i>1719 Park Ave.</i>		

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Occlusion</i> (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>10 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arteriosclerosis</i> (B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *Nov. 11*, 1953, to *Nov. 19*, 1953, that I last saw the deceased alive on *Nov. 19*, 1953, and that death occurred at *2:50 P.m.*, from the causes and on the date stated above.

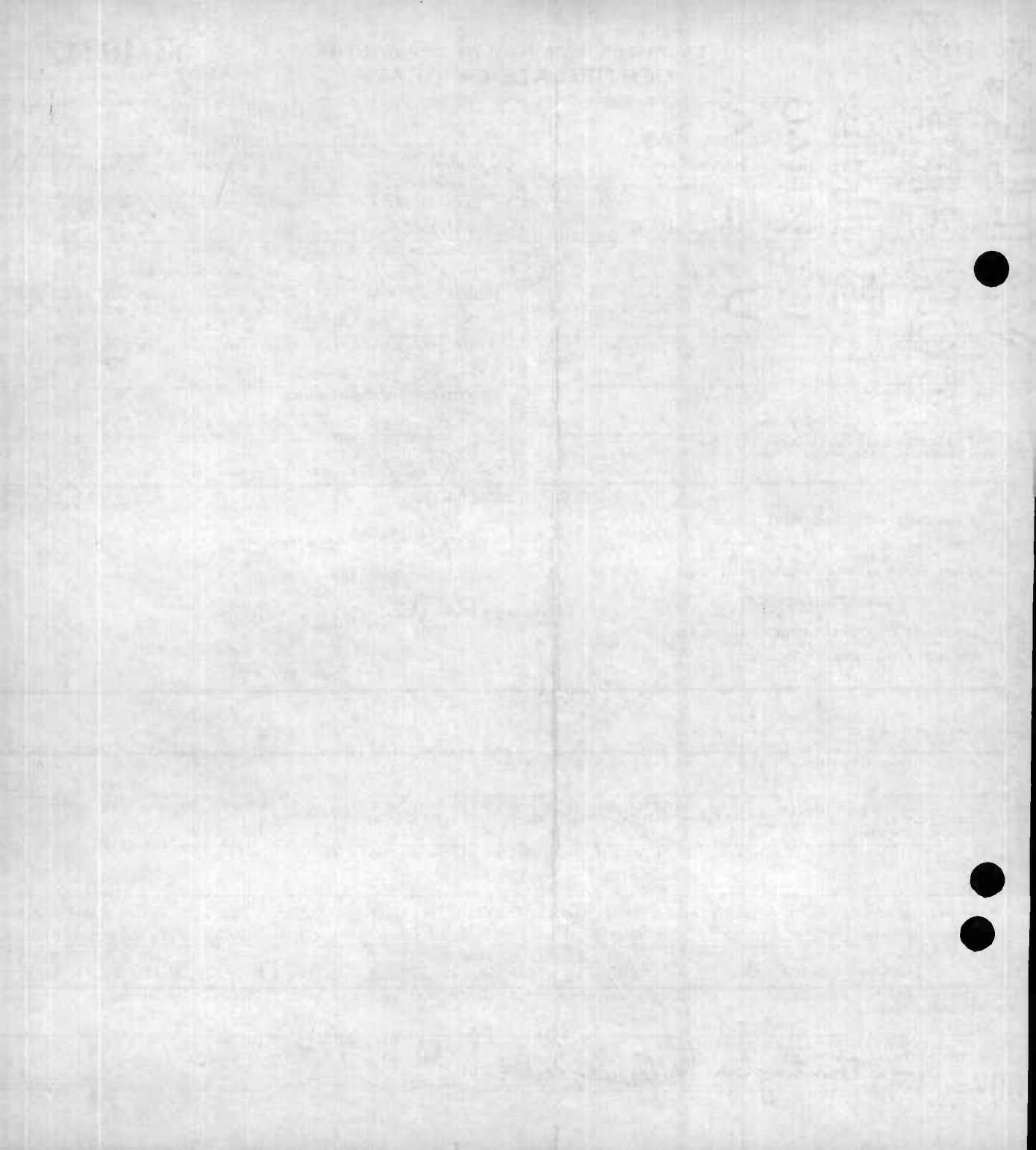
23A. SIGNATURE *Valeriana B. Castillo* M. D. 23B. ADDRESS *Maryland general Hospital* 23C. DATE SIGNED *11/19/53*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>11 - 23 - 53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Olivet</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>
--	----------------------------------	---	--

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>John O. Mitchell & Sons, Inc.</i>	ADDRESS <i>-1900 Eutaw Place</i>
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NOV 21 1953

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 10248**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Adeline P. Schaefer

2. DATE
OF
DEATH

Nov. 19, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 105 Thicket Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore, 27-12

c. Length of stay in Baltimore

27 yrs.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

105 Thicket Road

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Oct. 13, 1894

9. AGE (In years last birthday)

59

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Texas

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Edwin Palmer Pendleton

14. MOTHER'S MAIDEN NAME

Anna Kate Eaton

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Herbert W. Schaefer 105 Thicket Road

18. 420.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

CAUSE OF DEATH

Coronary Thrombosis
Hyperperfusion
Arterio-SclerosisINTERVAL BETWEEN
ONSET AND DEATH

2 hr

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1953, to Nov 19, 1953, that I last saw the deceased alive on Nov 19, 1953, and that death occurred at 4 A m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1403 Park Ave

11-20-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremation

24B. DATE

Nov. 21, 1953

24C. NAME OF CEMETERY OR CREMATORY

Green Mount Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

Md.

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 21 1953

Huntington Williams, M.D.

John O. Mitchell Sons Inc.

1900 Eutaw Place

88971 75

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
FEDERAL BUREAU OF INVESTIGATION

88971 75

Blank form with faint horizontal lines and a circular stamp on the left side.

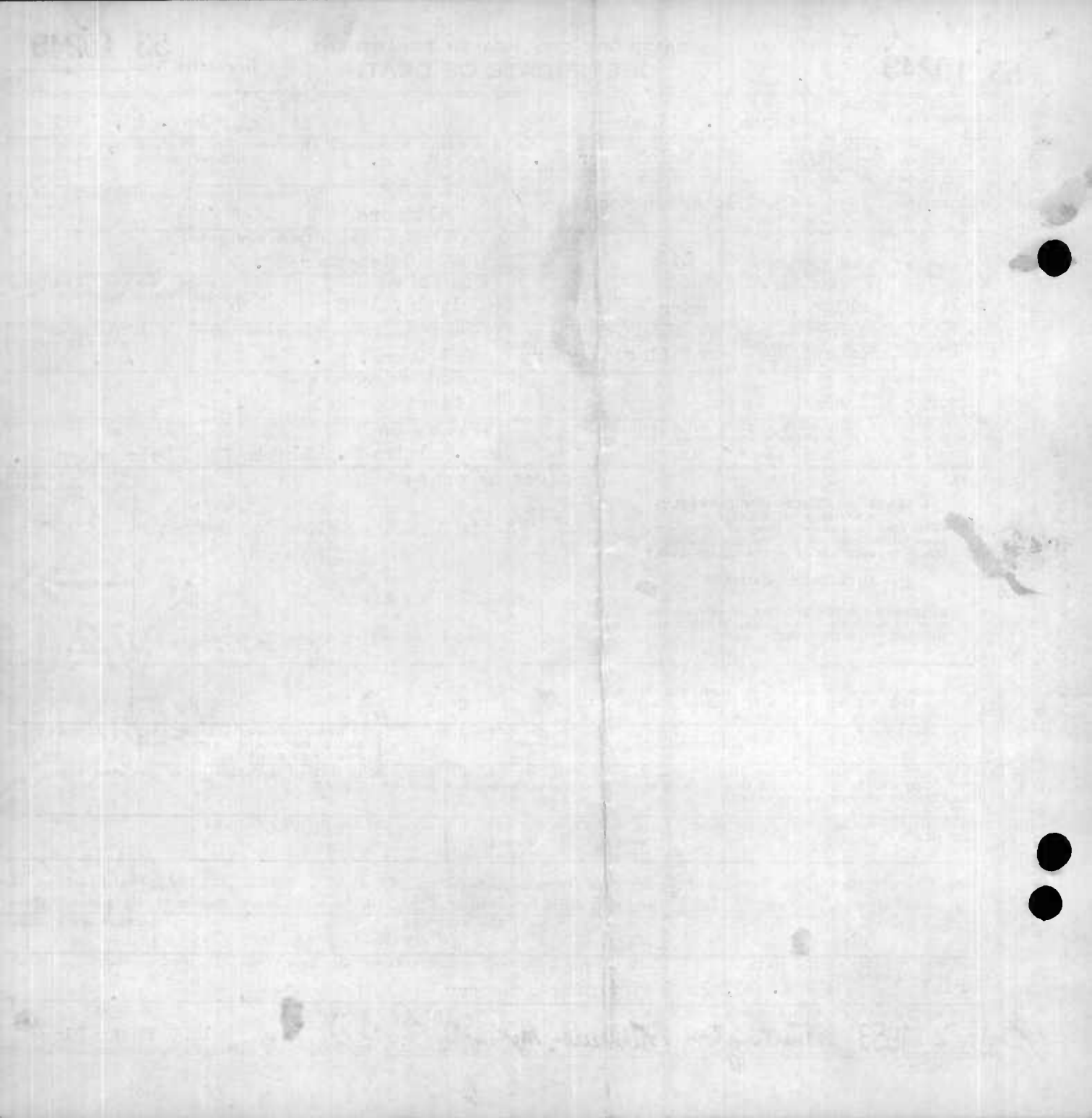


BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 10249BIRTH NO. 53 10249

1. NAME OF DECEASED (Type or Print) <u>George C. Wilhelm</u>			2. DATE OF DEATH <u>Nov. 19, 1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>3904 Colchester Rd.</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>none</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>3904 Colchester Road</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
D. STREET ADDRESS (If rural, give location) <u>3904 Colchester Rd.</u>			E. LENGTH OF STAY IN BALTIMORE <u>life</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 16, 1883</u>		9. AGE (In years last birthday) <u>70</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired salesman</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>retail stationery</u>		11. BIRTHPLACE (State or foreign country) <u>Baltimore, Md.</u>	
13. FATHER'S NAME <u>George Wilhelm</u>			14. MOTHER'S MAIDEN NAME <u>Lizzie Weigel</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT ADDRESS <u>Mrs. Elvira S. Wilhelm 3904 Colchester Rd.</u>	

18. <u>177X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Chronic Prostatitis (malignant?) Uremia</u>		CAUSE OF DEATH <u>Chronic Prostatitis (malignant?) Uremia</u>	INTERVAL BETWEEN ONSET AND DEATH <u>4 months July 1953</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Left Hemiplegia</u>		(A) DUE TO	
		(B) DUE TO	
		(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>✓</u>			

19A. DATE OF OPERATION <u>0</u>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <u>—</u>		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>January, 1950</u> , to <u>Nov 19th, 1953</u> , that I last saw the deceased alive on <u>Nov 19, 1953</u> , and that death occurred at <u>5:45 p.m.</u> , from the causes and on the date stated above.							
23A. SIGNATURE <u>Michael A. Abrams M.D.</u>		M. D.		23B. ADDRESS <u>1820 Eutaw Place Bethesda</u>		23C. DATE SIGNED <u>Nov 20 1953</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Nov. 23, 1953</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Lorraine Cemetery</u>		24D. LOCATION (City, town, or county) (State) <u>Woodlawn, Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>NOV 21 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		FUNERAL DIRECTOR <u>John O. Mitchell Sns</u>		ADDRESS <u>1900 Eutaw Place</u>	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 10250

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James W. Brooks

2. DATE
OF
DEATH

Nov. 20 - 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2310 Mc Cullough St

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 446X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953 to Nov. 20, 1953 that I last saw the
deceased alive on Nov. 20, 1953, and that death occurred at 4:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

M-600
10251

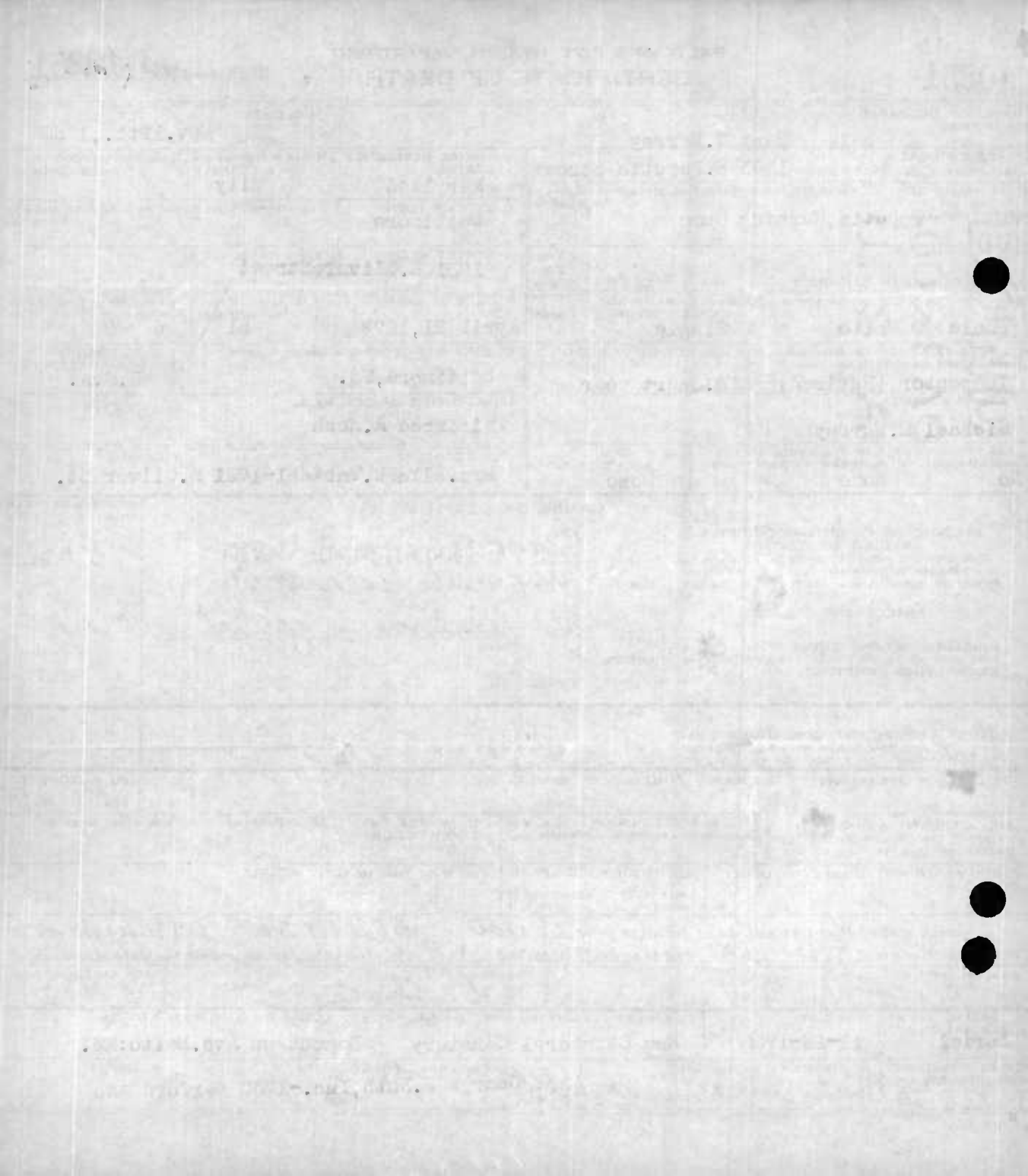
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10251

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Mary T. Murray		Nov. 19th., 1953	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
Baltimore City, Maryland 1103 E. Fayette Street		A. STATE Maryland B. COUNTY City	
5. FULL NAME OF (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
Fayette Nursing Home		Baltimore	
6. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)	
Life		1731 E. Oliver Street	
7. SEX	8. COLOR OR RACE	9. B. DATE OF BIRTH	9. AGE (In years last birthday)
Female	White	April 21, 1872	81
10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	11. KIND OF BUSINESS OR INDUSTRY	12. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Single	Mfg. Sport wear	Baltimore, Md.	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Michael H. Murray		Winifred A. Nash	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		17. INFORMANT ADDRESS	
No None		Mrs. Ella W. Van Adel-1731 E. Oliver St.	

18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO		Coronary occlusion with myocardial infarction		48 hrs	
(B) DUE TO		Atherosclerosis, general		Daily	
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 18 Nov 1953, to 19 Nov 1953, that I last saw the deceased alive on 19 Nov 1953, and that death occurred at 1 P m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
[Signature]		2020 N Charles St		20 NOV 53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		11-23-1953		New Cathedral Cemetery	
24D. LOCATION (City, town, or county) (State)		24E. NAME OF CEMETERY OR CREMATORY		24F. LOCATION (City, town, or county) (State)	
Edmondson Ave. Balto: Md.		New Cathedral Cemetery		Edmondson Ave. Balto: Md.	
25. FUNERAL DIRECTOR ADDRESS		25. FUNERAL DIRECTOR ADDRESS		25. FUNERAL DIRECTOR ADDRESS	
George J. Ruth, Inc.-1735 Harford Ave		George J. Ruth, Inc.-1735 Harford Ave		George J. Ruth, Inc.-1735 Harford Ave	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10252
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RALPH NORTON STRAHORN

2. DATE
OF
DEATH

Nov. 20, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

N.J.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONU.S. PUBLIC HEALTH
SERVICE HOSPITAL
WYMAN PARK DRIVE 431 ST.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BERLIN

D. STREET ADDRESS (If rural, give location)

NONE

c. Length of stay in Baltimore

30 DAYS

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

JUNE 29, 1894

9. AGE (In years,
last birthday)

59

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

EN C CG

10B. KIND OF BUSINESS OR
INDUSTRY

CG

11. BIRTHPLACE (State or foreign country)

N.J.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

THOMAS STRAHORN

14. MOTHER'S MAIDEN NAME

MARTHA ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

YES

EN C CG

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

RECORDS - USPHS HOSPITAL BALTO, MD.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

ACUTE PULMONARY CONGESTION UNKNOWN

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) ACUTE MYOCARDIAL INSUFFICIENCY

(C)

ARTERIOSCLEROTIC HEART DISEASE
-OLD

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from OCT 21, 1953 to Nov 20, 1953 that I last saw the
deceased alive on Nov 20, 1953, and that death occurred at 1:40 p.m., from the causes and on the date stated above

23A. SIGNATURE

Charles M. Boyer

23B. ADDRESS

M. O.

USPHS Hospital Balt Md

23C. DATE SIGNED

11-20-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11-27-53

24C. NAME OF CEMETERY OR CREMATORY

BEVERLY NATIONAL

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

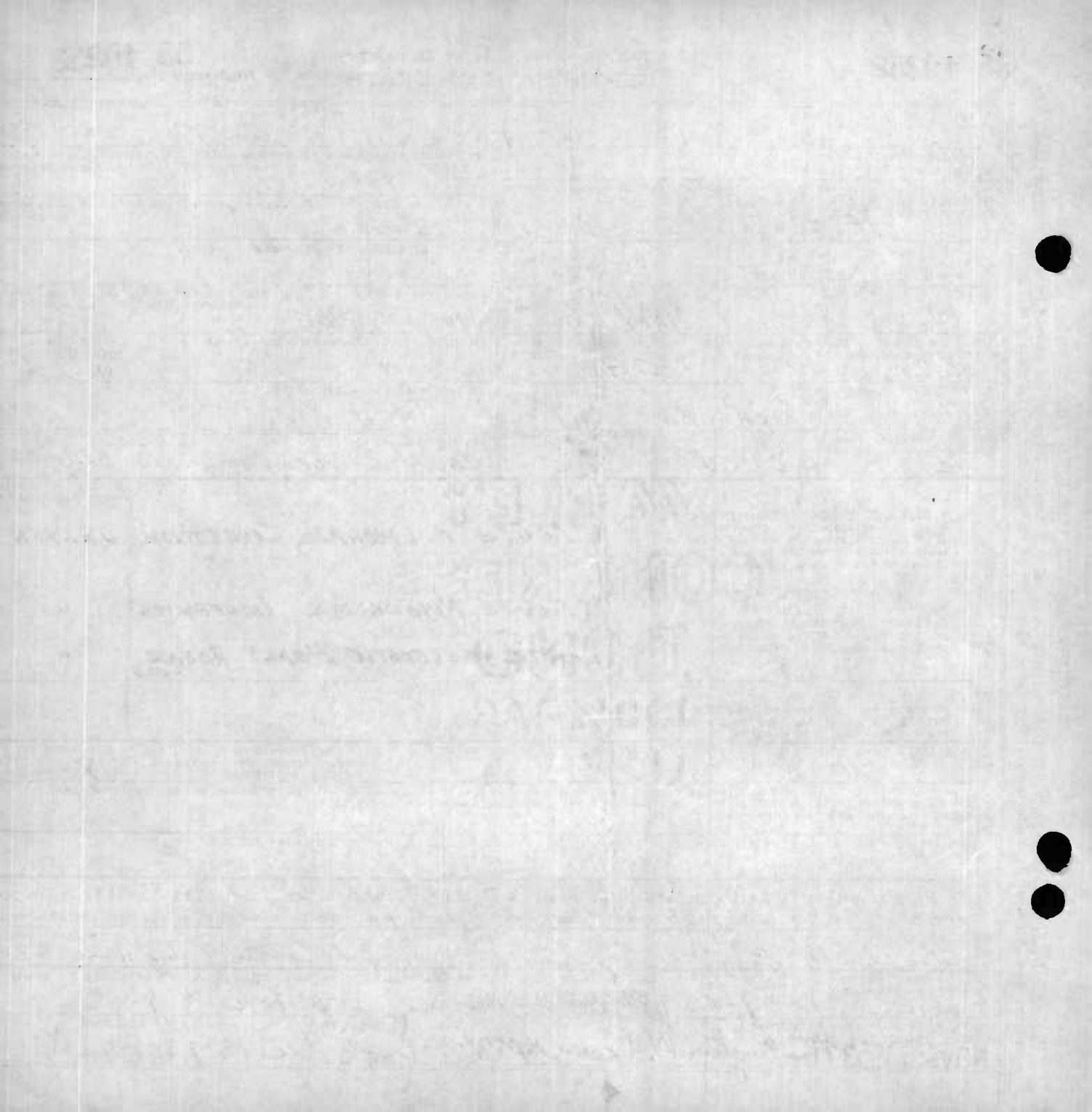
REGISTRAR'S SIGNATURE

Huntington Williams, Jr

25. FUNERAL DIRECTOR

Wm Cook Inc. 1217 St Paul St

ADDRESS



S-530

3 10253

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10253

1. NAME OF DECEASED
(Type or Print)

2. PLACE OF DEATH:

Baltimore City, Maryland

3. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2001 Harman and

Yrs.
Mos.
Days

4. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10. B. KIND OF BUSINESS OR
INDUSTRY

Housewife

9. FATHER'S NAME

11. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS 2001

18. 442x

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

Hypertensive Cardio Vascular
Renal DiseaseINTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1953 to Nov 19, 1953, that I last saw the
deceased alive on Nov 12, 1953, and that death occurred at 11 P. M., from the causes and on the date stated above.

23A. SIGNATURE

M. O.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 21 1953

Huntington Williams, M.D.

2200 E Madison St 11/20/53
John M. Weber 401 S. Chester St.

V-262 CERTIFICATE CORRECTED 11-24-53

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10254

BIRTH NO. 53 10254

1. NAME OF DECEASED (Type or Print) SOLOM E. VICKERS			2. DATE OF DEATH Nov. 19, 1953		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Md. b. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION 3022 Walbrook Ave.			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 3022 Walbrook Ave.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 11, 1885	9. AGE (In years; last birthday) 68	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard (rtd)		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Vickers			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mr. N. Boyd Mettee-3717 Chesholm Rd.		

18. **420.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Anteriosclerotic heart disease****6 1/2 yr.**

ANTECEDENT CAUSES

(B) **Emphysema of lungs**
(C)**5 yr.**

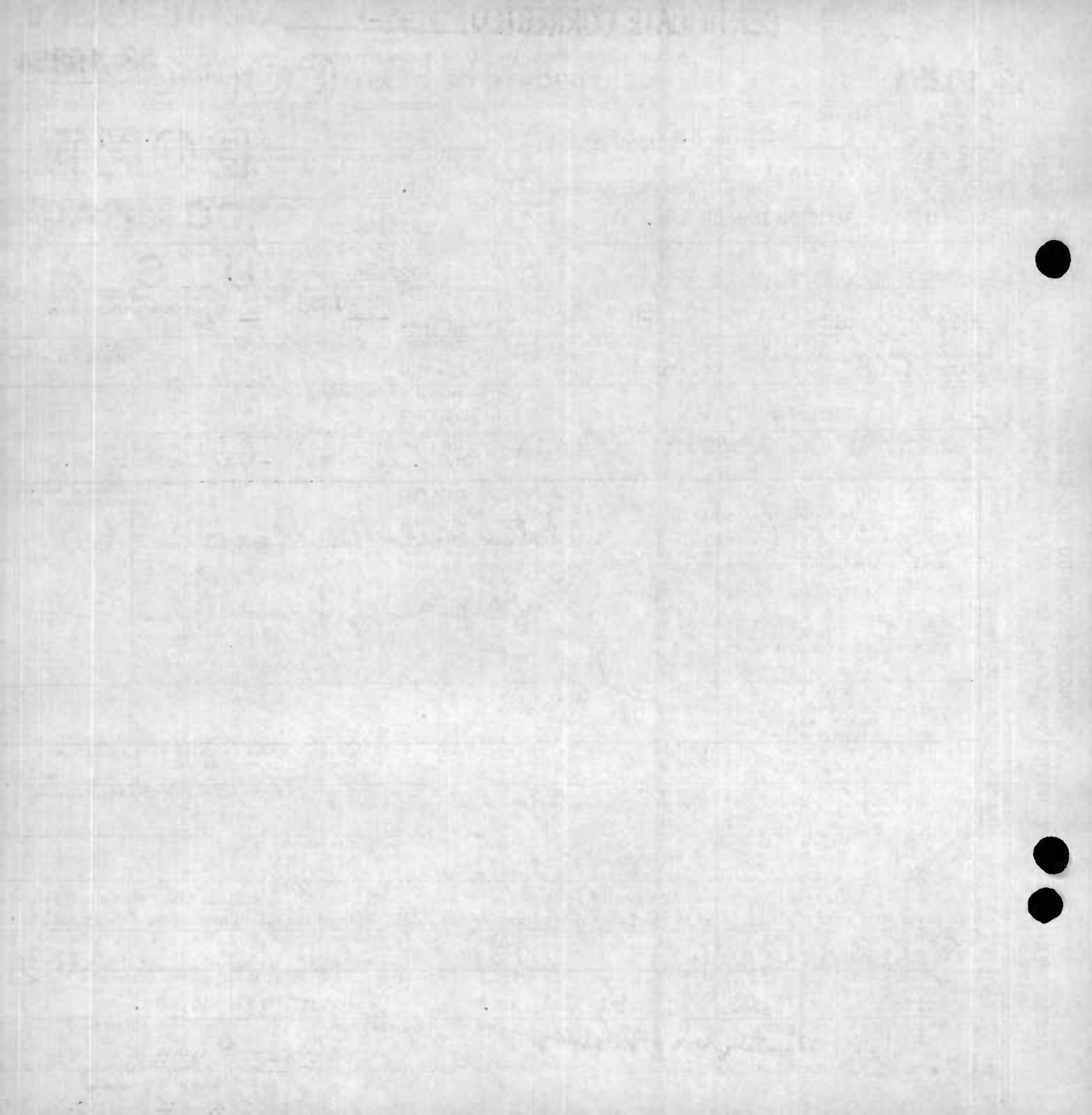
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3/12 , 19 47 to 11/19 , 19 53 , that I last saw the deceased alive on 11/18 , 19 53 , and that death occurred at 1:30 p. m., from the causes and on the date stated above.							
23a. SIGNATURE Robert A. Reiter				23b. ADDRESS 3408 Windsor Ave.		23c. DATE SIGNED 11/20/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/21/53		24c. NAME OF CEMETERY OR CREMATORY Angel Hill Cem.		24d. LOCATION (City, town, or county) (State) Harv De Grace, Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 21 1953		REGISTRAR'S SIGNATURE Huntington Williams		FUNERAL DIRECTOR Wm. J. Vickers & Sons		ADDRESS Barto. 17, Md.	

76350



-650
3 10255BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10255

IRTH NO.

NAME OF DECEASED
(Type or Print)

Albert A. Schramm

2. DATE
OF
DEATH

Nov. 19/53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

811 Lyndhurst St.

Length of stay in Baltimore

Life

SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

Capt Maritime Exchange, Chamber of

10B. KIND OF BUSINESS OR

INDUSTRY

Commerce

FATHER'S NAME

Enzel Schramm

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

212 01 0179

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

811 Lyndhurst St

8. DATE OF BIRTH

April 1, 1910

9. AGE (in years
last birthday)

43

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Anna Jindra

17. INFORMANT

ADDRESS

Mrs. Amelia H. Schramm, 811 Lyndhurst

18. 581.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Portal Cirrhosis Liver

2+ yrs

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1953, to Nov 19, 1953, that I last saw the
deceased alive on Nov 18, 1953, and that death occurred at 7:45 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

A. BURIAL, CREMA-
N. REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Nov. 23/53

New Cathedral

Baltimore 29, Md.

ATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 21 1953

Huntington Williams, MD Harry A. Hutzler 4101 Edmondson Ave

2908X

CHICAGO CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

FILE NO. 15-11111
RECEIVED

DATE

TIME

PLACE

AGE

CAUSE OF DEATH

DIAGNOSIS

DATE OF BIRTH

DATE OF DEATH

DATE OF INTERMENT

DATE OF BURIAL

DATE OF CREMATION

DATE OF EXHUMATION

DATE OF REINTERMENT

DATE OF REBURYAL

DATE OF RECREMATION

DATE OF REEXHUMATION

DATE OF REINTERMENT

DATE OF REBURYAL

DATE OF RECREMATION

DATE OF REEXHUMATION

DATE OF REINTERMENT

DATE OF REBURYAL

DATE OF RECREMATION

DATE OF REEXHUMATION

DATE OF REINTERMENT

DATE OF REBURYAL

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DATE OF REINTERMENT

DATE OF REBURYAL

DATE OF RECREMATION

DATE OF REEXHUMATION

DATE OF REINTERMENT

DATE OF REBURYAL

DATE OF RECREMATION

DATE OF REEXHUMATION

DATE OF REINTERMENT

DATE OF REBURYAL

DATE OF RECREMATION

DATE OF REEXHUMATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 10256**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore

D. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Net Mender

10B. KIND OF BUSINESS OR
INDUSTRY

Linnen Thread Co.

13. FATHER'S NAME

Benjamin F. Lutz

14. MOTHER'S MAIDEN NAME

Sarah H. Emerick

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

166-20-1748

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

421.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Aortic Stenosis

DUE TO

years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerotic vascular disease

DUE TO

years

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-9-1953 to 11-20-1953, that I last saw the
deceased alive on 11-20-1953, and that death occurred at 11:15 A. M. from the causes and on the date stated above.

23A. SIGNATURE

P. A. McIntyre

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

11-20-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

11/22/53

24C. NAME OF CEMETERY OR CREMATORY

Zion Cem.

24D. LOCATION (City, town, or county)

Centre Co., Pa.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

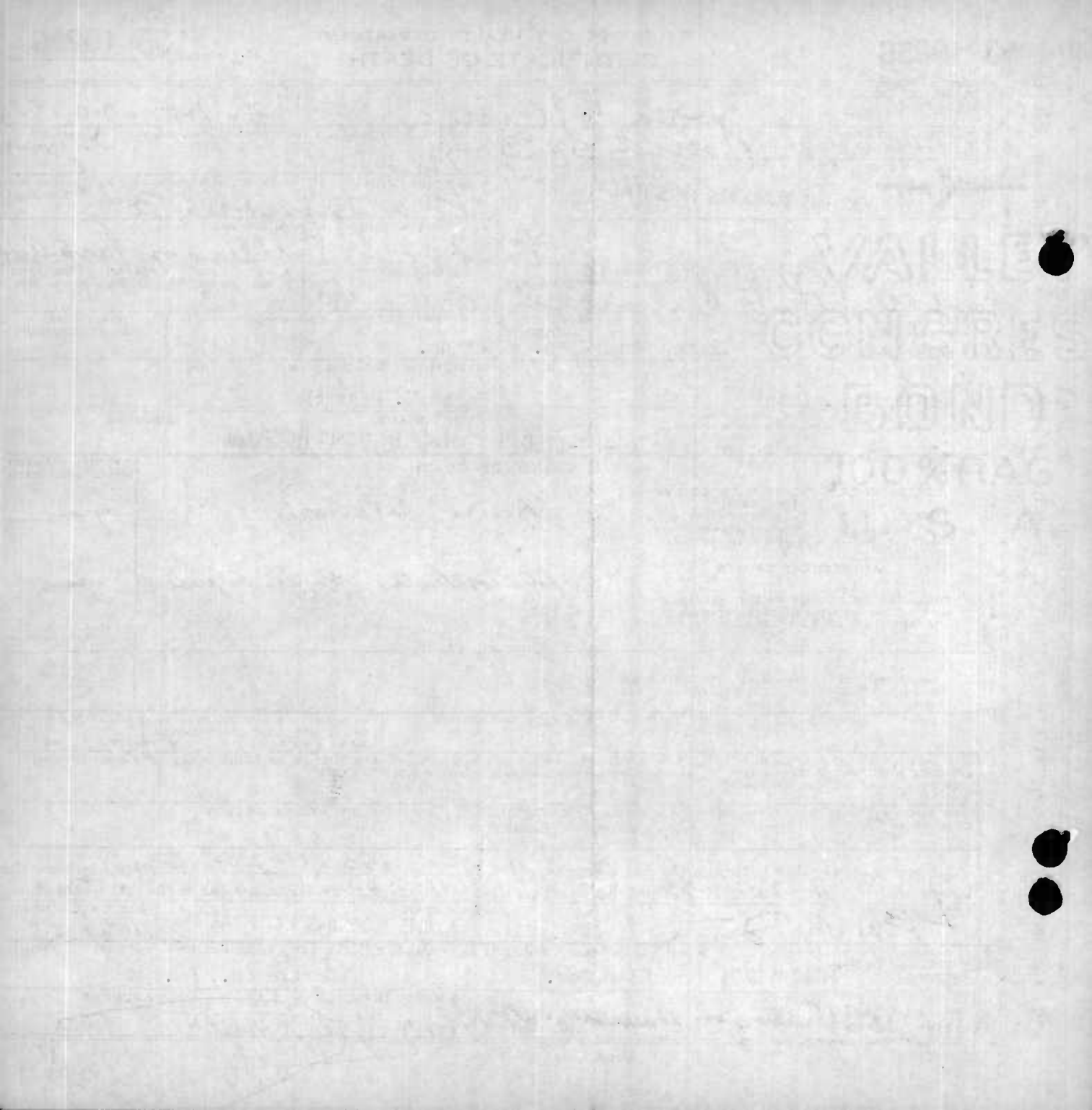
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. G. Lickner & Sons

ADDRESS

Bkto. 17, Md.



53-653
53 10257

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10257

RTH NO.

NAME OF DECEASED
(Type or Print)

ELIZABETH PAULINE BARNETTE

2. DATE
OF
DEATH

NOV. 21, 1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION 720 N. AGUSTA ST.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MD

B. COUNTY

BALTIMORE CITY

C. CITY OR TOWN (If outside corporate limits, write R.R. and give township)

BALTIMORE 16-08

D. STREET ADDRESS (If rural, give location)

720 N. AGUSTA

Length of stay in Baltimore

20 → Yrs.
Mos.
Days

SEX

7

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Mar. 10 1877

9. AGE (In years
last birthday)

76

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

FATHER'S NAME

William Wilkinson

14. MOTHER'S MAIDEN NAME

Thelma Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(If yes, give war or dates of service)

no no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Dudley Barnette, 720 N. Agusta

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cardio Vascular Disease

DUE TO

(C) Osteoporosis and Osteo.

Arteriosclerosis

INTERVAL BETWEEN
ONSET AND DEATH

Sudden

13 years

30 years

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)
C. INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/30, 1950, to 11/21, 1953, that I last saw the
deceased alive on 11/17, 1953, and that death occurred at 10:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Eliot Johnson

23B. ADDRESS

M. D. 3632 Frederick Ave

23C. DATE SIGNED

11/21/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Nov. 24, 1953

24C. NAME OF CEMETERY OR CREMATORY

Penton

24D. LOCATION (City, town, or county)

Baltimore, Md.

25. RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Nov 21 1953

26. FUNERAL DIRECTOR

Virgil Brown, Jr., Penton

ADDRESS

26. ADDRESS

26. ADDRESS

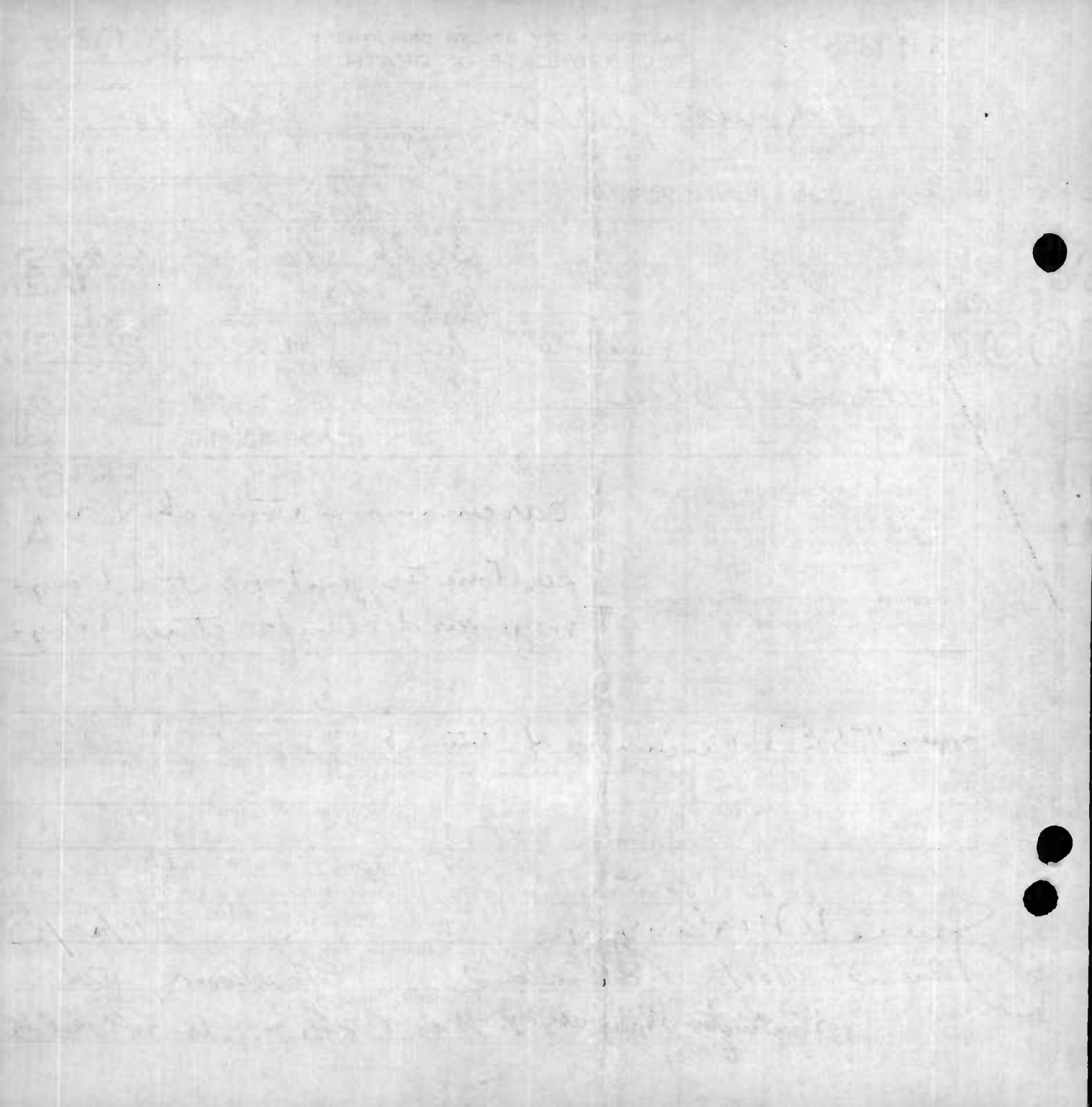
NOV 21 1953

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-460 53 10258		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 10258 Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Louis P. Miller		Nov 20 - 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY			
		Md. 1		D.C.	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		D. STREET ADDRESS (If rural, give location)	
JOHNS HOPKINS HOSPITAL		Washington		3636 16th St. N.W.	
c. Length of stay in Baltimore		Yrs. Mos. Days			
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
male		white			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH	
W. S. Army		Logistics		10-30-92	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		9. AGE (In years last birthday)	
Nathan Miller		Celia Scape		61	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		11. BIRTHPLACE (State or foreign country)	
no				New York	
		17. INFORMANT		12. CITIZEN OF WHAT COUNTRY?	
		JOHNS HOPKINS HOSPITAL			
18. 151X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Carcinoma of stomach		6 mo	
ANTECEDENT CAUSES		DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) peritonitis, post-operative		6 days	
		DUE TO			
		(C) myocardial infarction		6 days	
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
approved 11-1-53		Carcinoma of stomach			
20A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-25, 1953, to 11-20, 1953, that I last saw the deceased alive on 11-20, 1953, and that death occurred at 1 p.m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
James V. Maloney, M.D.		JOHNS HOPKINS HOSPITAL		11/20/53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		11/21/53		Cleveland	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR		ADDRESS	
Cleveland, Ohio		Huntington Williams, Inc.		1217 H. Paul St	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE			
NOV 22 1953		Huntington Williams, Inc.			

59591



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 10259**BIRTH NO. **53 10259**1. NAME OF DECEASED
(Type or Print)*Ottie Hubble Sr.*2. DATE
OF
DEATH*11-21-53*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)*38 University Hospital*

C. Length of stay in Baltimore

*3*YES
Mos.
Days

5. SEX

M

6. COLOR OR RACE

*W*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*widowed*

8. DATE OF BIRTH

*1882*9. AGE (In years
last birthday)*71*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY*?*

11. BIRTHPLACE (State or foreign country)

*Virginia*12. CITIZEN OF
WHAT COUNTRY?*U.S.*

13. FATHER'S NAME

William Hubble

14. MOTHER'S MAIDEN NAME

*Margaret Groseclose*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)*?*

(If yes, give war or dates of service)

*?*16. SOCIAL
SECURITY NO.*?*

17. INFORMANT

patient

ADDRESS

18.

540.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *myocardial infarction*
DUE TOINTERVAL BETWEEN
ONSET AND DEATH*few hours*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Coronary occlusion*
DUE TO(C) *Coronary atherosclerosis**?**?*

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.*Bleeding pyloric ulcer with hemorrhage
and shock
antitoxin 11-20-53**ulcer?
bleeding 72 hrs*

19A. DATE OF OPERATION

*11-20-53*19B. CONDITION FOR WHICH OPERATION
WAS PERFORMED*Bleeding pyloric ulcer*IF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *11-18*, 19*53*, to *11-21*, 19*53*, that I last saw the
deceased alive on *11-21*, 19*53*, and that death occurred at *12:25 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE

John R. Hankins

M. D.

23B. ADDRESS

University Hospital, Balto

23C. DATE SIGNED

*11-21-53*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

11-24-53

24C. NAME OF CEMETERY OR CREMATORY

Monocacy Green

24D. LOCATION (City, town, or county)

Beallsville, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

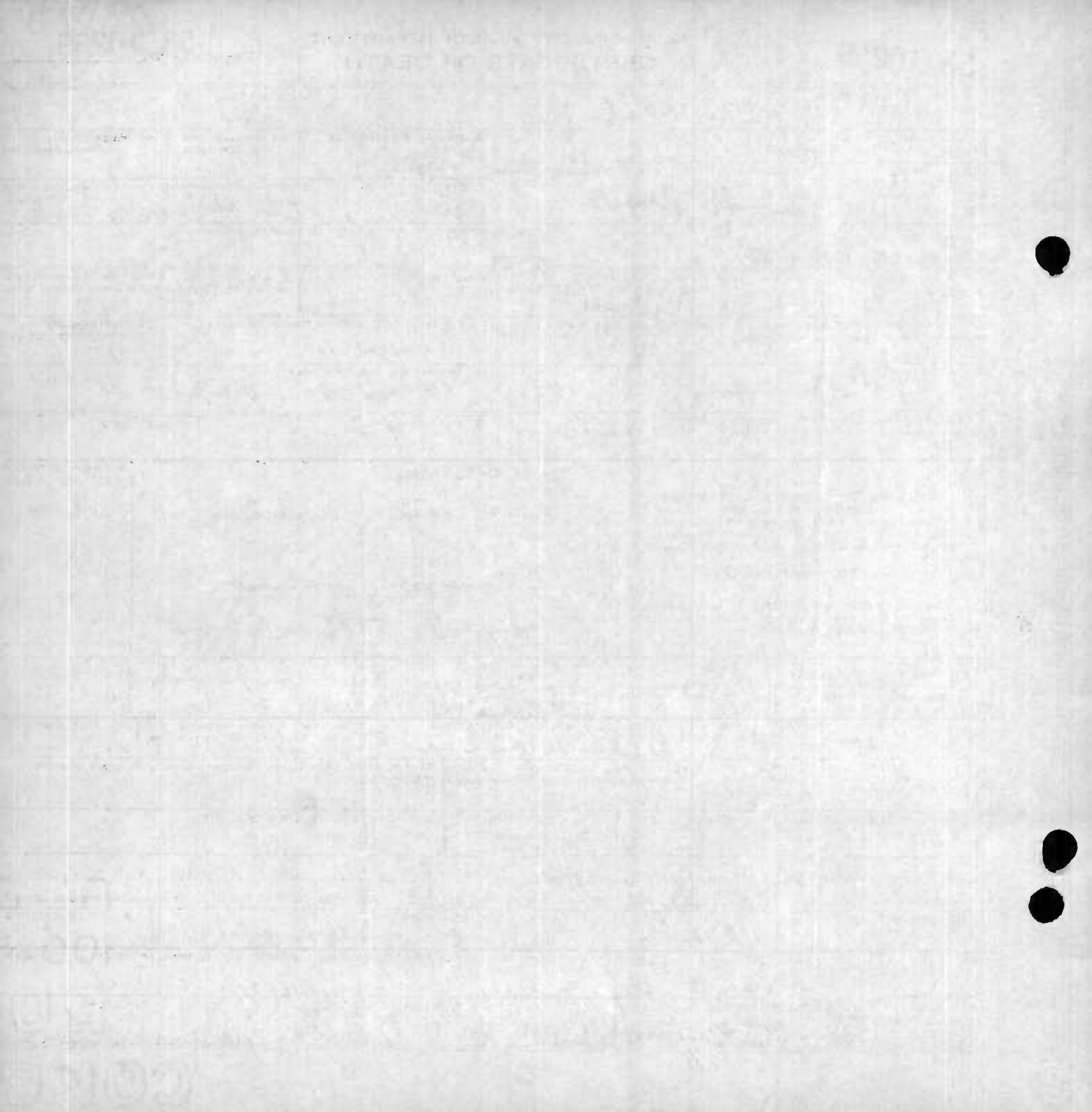
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

B. Nelson, Barnesville Md.

ADDRESS



AB-175886

W-363
53 10260

CERTIFICATE OF DEATH
BALTIMORE CITY HEALTH DEPARTMENT
12/4/53

53 10260

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mack Woodward

2. DATE
OF
DEATH

Nov. 19-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Balto. City*B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION *Baltimore City Hospitals*4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Maryland*C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore *8-07*D. STREET ADDRESS (If rural, give location)
1711 Preston St.

c. Length of stay in Baltimore

10yrs

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

1-20-1860

9. AGE (In years
last birthday)

93

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Farmer*10B. KIND OF BUSINESS OR
INDUSTRY*Farmings*

11. BIRTHPLACE (State or foreign country)

S.C.

12. CITIZEN OF
WHAT COUNTRY?*U.S.A.*

13. FATHER'S NAME

Albert Woodward (Dec.)

14. MOTHER'S MAIDEN NAME

Minerva Brice (Dec.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)*no*

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.17. INFORMANT *4940 Eastern Ave.* ADDRESS
Records: Baltimore City Hospitals

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) *Pathological Fracture Rt. Femur*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) *Terminal multiple metastatic carcinoma*
chest, axilla, and general skeletal(C) *structure.*INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

10-21-1953

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMED*Open Reduction Rt. Femur*IF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *10-20-* *53*, to *11-19-* *53*, that I last saw the
deceased alive on *11-19-* *53*, and that death occurred at *10.30AM*, from the causes and on the date stated above.

23A. SIGNATURE

H. J. Jones

M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

*11-19-53*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

11/22/53

24C. NAME OF CEMETERY OR CREMATORY

Piney Grove

24D. LOCATION (City, town, or county)

Chester S. C.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Elmer A. Wilson

ADDRESS

Brantley

Contacted Dr. H. C. Johnston, Asst Supt, Medical BCH by phone
12/3/53 ES

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10261

53 10261
BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILLIAM L. PARKER Jr.			2. DATE OF DEATH November 19, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Morgue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 7 Yrs.			D. STREET ADDRESS (If rural, give location) 21 S. Dallas Street		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb-15-1911	9. AGE (In years last birthday) 42	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10B. KIND OF BUSINESS OR INDUSTRY Race Track	11. BIRTHPLACE (State or foreign country) Keller Va.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Lewis Parker Sr.			14. MOTHER'S MAIDEN NAME Louise Byrd		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. War # 2	17. INFORMANT ADDRESS Lela Parker 21 S. Dallas St		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease	CAUSE OF DEATH (A) Hypertensive cardiovascular disease (B) Apoplectic hemorrhage, right cerebral hemisphere (C) derebellar	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William L. Parker Jr.</i>	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED Nov. 19, 1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/22/1953	24C. NAME OF CEMETERY OR CREMATORY Burton Cem. Burton Va. 5 Burton Virginia
DATE RECEIVED BY LOCAL REGISTRAR NOV 22 1953	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>W. E. Wilson 1000 Beantley</i>

V S 151 js

780 8M

W

MARGIN RESERVED FOR BINDING
PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

See directive from Wm. V. Lovitt, Jr., H.D., Asst Medical Examiner
in Document file.

53 10262

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10262

Registered No. 3098

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Laura Weaver

2. DATE

OF DEATH Nov-20-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

1036 West Fayette Street

D. STREET ADDRESS (If rural, give location)

1036 West Fayette Street

c. Length of stay in Baltimore 9 Yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan-29-1909

9. AGE (In years last birthday)

44

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Presser

10B. KIND OF BUSINESS OR INDUSTRY

Cleaning

11. BIRTHPLACE (State or foreign country)

Bethune S.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Jefferson Harris

14. MOTHER'S MAIDEN NAME

Laura Fields

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Laura Dubose 223 Myrtle Ave

1B.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Carcinomatosis

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Carcinoma of Cervix

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-6-1953, to 11-20-1953 that I last saw the deceased alive on 11-17-1953, and that death occurred at 10:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Frank A. Saunders

23B. ADDRESS

1029 N. Stricker St.

23C. DATE SIGNED

11-21-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/23/1953

24C. NAME OF CEMETERY OR CREMATORY

St Mathew Cem.

24D. LOCATION (City, town, or county)

Bethune S.C.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

O. Wilson

ADDRESS

1000 Brantley Ave

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Residence No.

Place of Birth

Age

Sex

Color

Marital Status

Occupation

Education

Religion

Usual Residence

Place of Death

Time of Death

Cause of Death

Immediate Cause

Underlying Cause

Contributing Cause

Mode of Death

Signature of Physician

Signature of Registrar

Signature of Coroner

Signature of Medical Examiner

Signature of Nurse

Signature of Chaplain

Signature of Minister

Signature of Priest

Signature of Rabbi

Signature of Imam

Signature of Other

Signature of Other

Signature of Other

Signature of Other

Signature of Other

Signature of Other

Signature of Other

Signature of Other

Signature of Other

Signature of Other

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Signature of Other

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Signature of Other

Signature of Other

Signature of Other

Signature of Other

Signature of Other

-350

53 10263

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10263

Registered No.

NAME OF DECEASED
(Type or Print)

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1205 E. Chase St.

2. DATE
OF
DEATH

11-20-53

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 10-01

D. STREET ADDRESS (If rural, give location)

1205 E. Chase St.

SEX

White

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

March 18, 1880 73 yrs

9. AGE (In years last birthday)

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)

Night Superintendent Gas and Electric Co.

10B. KIND OF BUSINESS OR INDUSTRY

Gas and Electric Co.

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

USA

FATHER'S NAME

William Adam

14. MOTHER'S MAIDEN NAME

Margaret A. Doyle

WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mildred J. Guelman

1205 E. Chase St.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/24, 1953 to 11/18, 1953, that I last saw the deceased alive on 11/18, 1953, and that death occurred at 730 a. m., from the causes and on the date stated above.

23A. SIGNATURE

A. Hornstein

23B. ADDRESS

204 E. Biddle St

23C. DATE SIGNED

11/22/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11-24-53

24C. NAME OF CEMETERY OR CREMATORY

New Baltimore Cemetery Baltimore Md

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

NOV 22 1953

REGISTRAR'S SIGNATURE

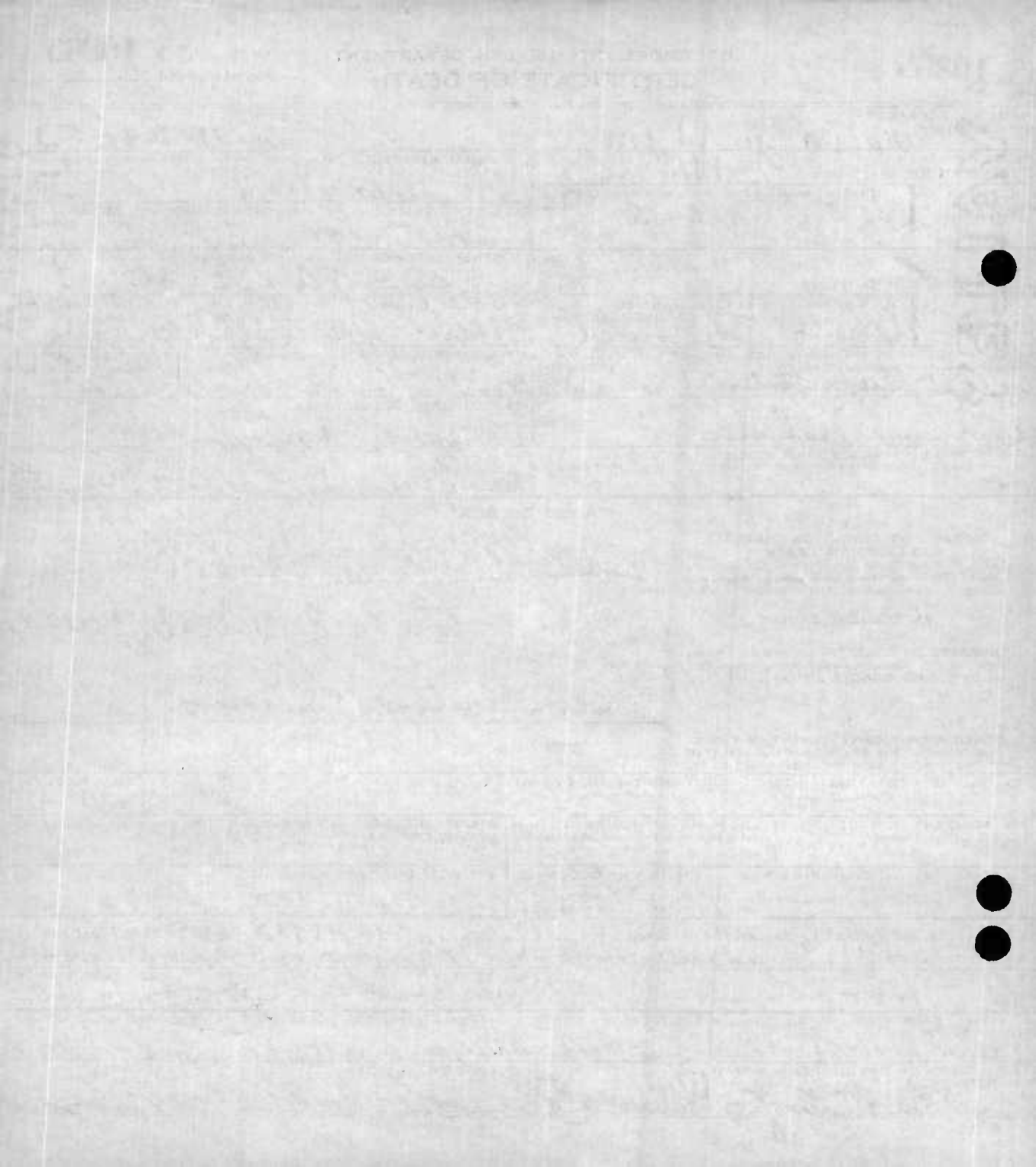
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Elmer W. Conklin

ADDRESS

924 E. Eager St

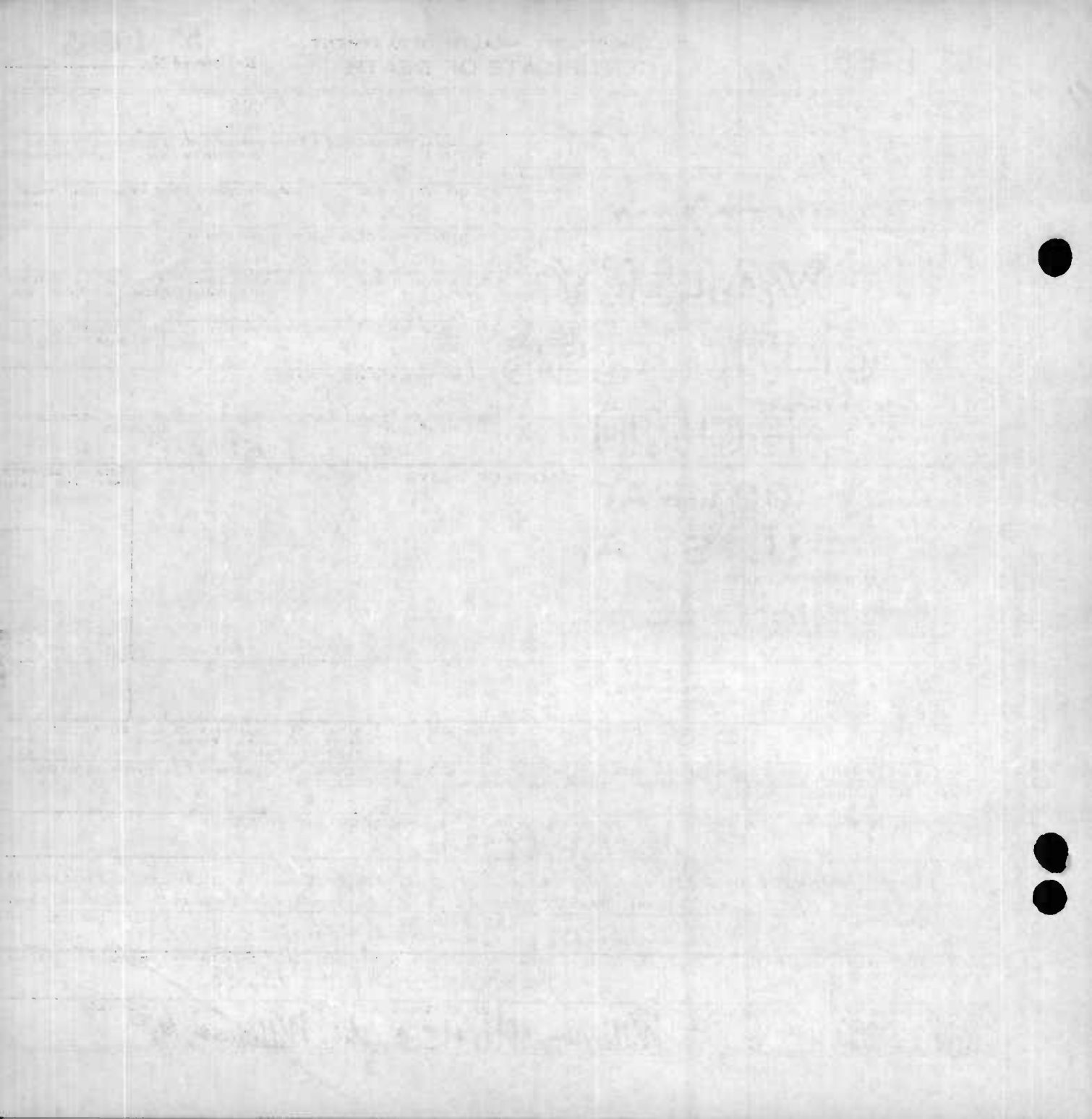


BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10265

BIRTH NO. 53 10265
53-27400

1. NAME OF DECEASED (Type or Print) BABY BOY PROGET		2. DATE OF DEATH 11/12/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD.	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION UNIVERSITY HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 17-01	
D. STREET ADDRESS (If rural, give location) 437 N. CALHOUN ST.		E. Yrs. Mos. Days 2	
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 11/10/53
9. AGE (In years last birthday) 2		10. UNDER 1 Year Months: Days	
11. UNDER 24 Hours Hours: Min.		12. CITIZEN OF WHAT COUNTRY?	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHILD		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) MD.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Unknown.		14. MOTHER'S MAIDEN NAME MARY LOU.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT MD 01102		ADDRESS 437 N. CALHOUN ST.	
18. 776x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) PREMATURITY (2#103)		INTERVAL BETWEEN ONSET AND DEATH 2 Days	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)			
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
21A. DATE OF OPERATION 0	21B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/10 19 53 , to 11/12 19 53 , that I last saw the deceased alive on 11/11 19 53 , and that death occurred at 5:15 a.m., from the causes and on the date stated above.			
23A. SIGNATURE L. C. ...		23B. ADDRESS University Hospital	23C. DATE SIGNED 11/12/53
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL	24D. LOCATION (City, town, or county) (State) NOV. 18, 1953
DATE RECEIVED BY LOCAL REGISTRAR NOV 22 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Huntington Williams, M.D.	ADDRESS



-534

CANDILL

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 10266

BIRTH NO.

NAME OF DECEASED
(Type or Print)

PLACE OF DEATH:

FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Length of stay in Baltimore

SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

9. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

2. DATE OF DEATH

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

8. DATE OF BIRTH

9. AGE (in years last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

17. INFORMANT

ADDRESS

18. 776x
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CAUSE OF DEATH

Prematurity

INTERVAL BETWEEN ONSET AND DEATH

1 hour

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Nov. 17, 1953 to Nov. 17, 1953, that I last saw the deceased alive on Nov. 17, 1953, and that death occurred at 1:35 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 22 1953

VS 150

J. HARRIS MEDICAL SCHOOL

NOV. 19, 1953

Huntington Williams, M.D.

CENTRAL BANK OF INDIA



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10267
Registered No. 53 10267

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)53 10267
SARAH SHERMAN2. DATE
OF
DEATH

Nov. 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

2612 VIOLET AVE

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

9. AGE (In years
last birthday)

86

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSE WORK

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

NOT KNOWN

14. MOTHER'S MAIDEN NAME

NOT KNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

DR. SOLOMON SHERMAN - 2424 EUTAW PL

18. 450.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Bronchopneumonia (terminal)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerosis

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

3 days

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 2, 1953, to Nov. 21, 1953, that I last saw the
deceased alive on Nov. 14, 1953, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

S. J. Levy

23B. ADDRESS

2322 Eutaw Place

23C. DATE SIGNED

11-21-53

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

Burial

24B. DATE

11/22/1953

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

J. L. Lewis Inc. - 2100 Eutaw PL.

7500 Helton Rd
~~Larry~~

M-2-60

53 10268

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10268
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Francis V. McGuire

2. DATE
OF
DEATH

11/20/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

South Baltimore General Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

813 William St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

12/27/95

9. AGE (In years
last birthday)

57

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Sampler

10B. KIND OF BUSINESS OR
INDUSTRY

American Sugar Refin.

11. BIRTHPLACE (State or foreign country)

New York.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James McGuire

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

212-09-5880

17. INFORMANT

ADDRESS

MRS ESSIE MAYO 813 WILLIAM ST.

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Generalized metastases,
DUE TO Carcinoma of Colon

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

7-25-53

19B. CONDITION FOR WHICH OPERATION

WAS PERFORMED

Carcinoma of colon

IF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 19, 1953, to Nov 20, 1953, that I last saw the
deceased alive on Nov 20, 1953, and that death occurred at 4:50 am, from the causes and on the date stated above.

23A. SIGNATURE

Donald B. Bowers

23B. ADDRESS

1213 Lytle St.

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

11/23/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross

24D. LOCATION (City, town, or county)

PITCHIE HENRY.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

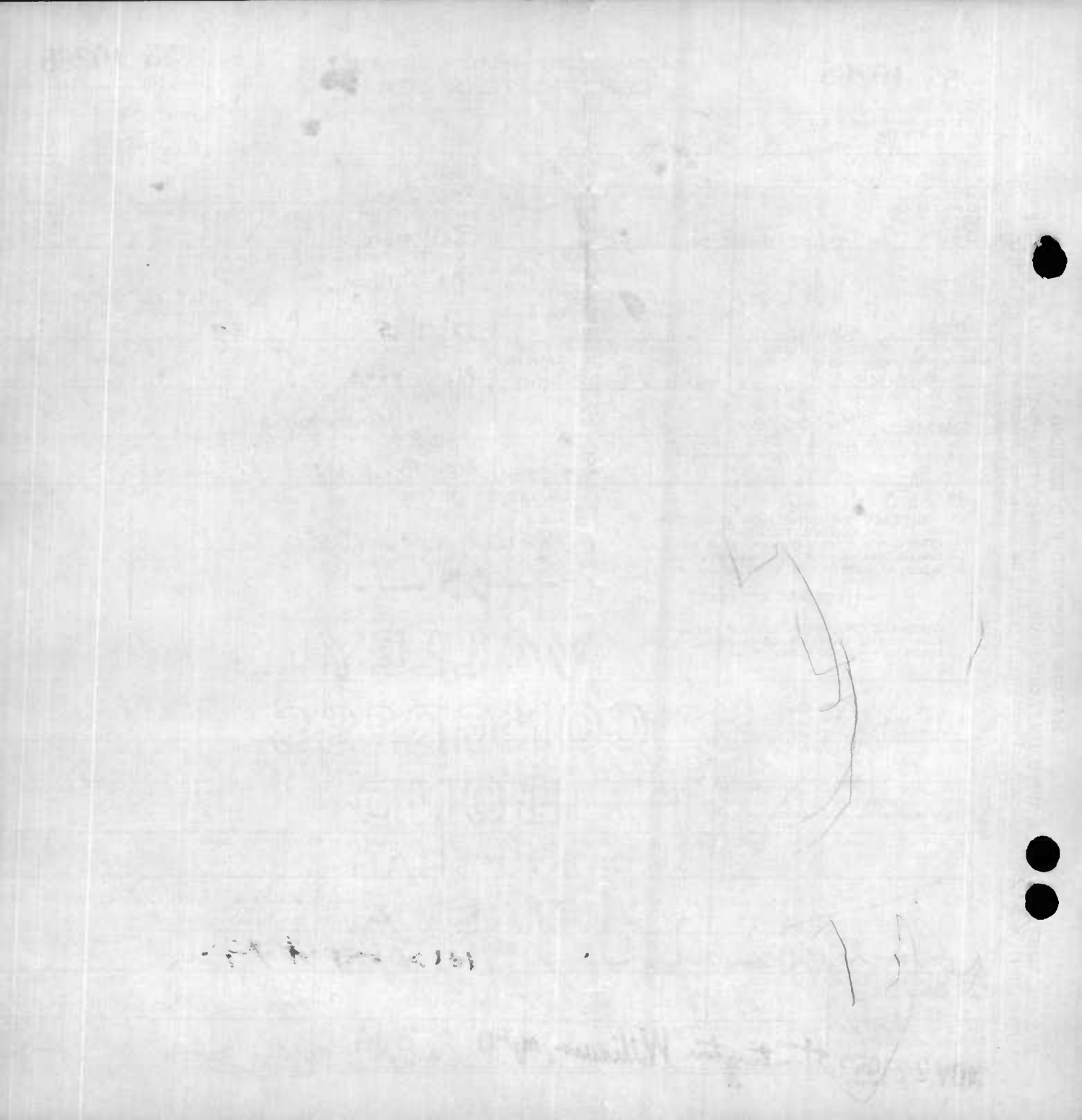
25. FUNERAL DIRECTOR

JOHN F. DENNY, INC. 715 LIGHT ST.

ADDRESS

NOV 22 1953

69047



W-520

53 10269

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10269

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Watts

2. DATE
OF
DEATH

11/21/53

3. PLACE OF DEATH:

a. Baltimore City, Maryland Baltimore City

4. USUAL RESIDENCE (Where deceased lived; If institution: residence
before admission)

A. STATE Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTIONf. not in hospital or institution, give street address or
location

South Baltimore Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore City 23-02

D. STREET ADDRESS (If rural, give location)

1420 Light Street

c. Length of stay in Baltimore

Abt. 12 Yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

7/19/1898

9. AGE (In years
last birthday)

55

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Engineer

10B. KIND OF BUSINESS OR
INDUSTRY

Rail Road

11. BIRTHPLACE (State or foreign country)

Ontario Canada

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

(705-12-0445)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Ethel H. Watts (wife) 1420 Light St.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William L. Brown

23B. CHIEF MEDICAL EXAMINER ☐

23C. DATE SIGNED

23D. MEDICAL INVESTIGATOR ☐

11/21/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/22/1953

24C. NAME OF CEMETERY OR CREMATORY

Evergreen Cemetery

24D. LOCATION (City, town, or county)

Blenheim, Canada.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

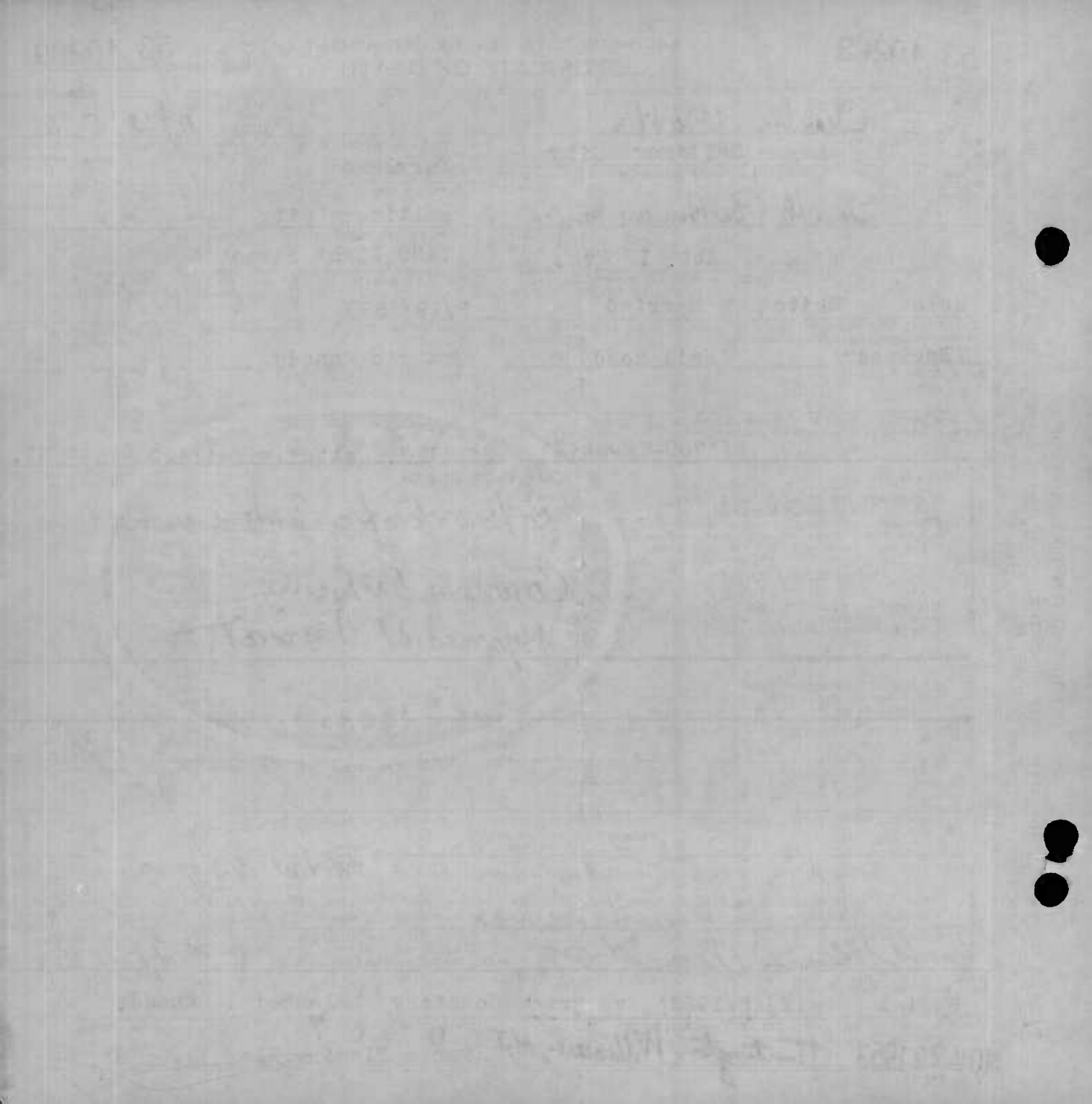
25. FUNERAL DIRECTOR

ADDRESS

Lynn & Fleming 1426 Light St.

VS 151

541 50



500
53 10270

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10270

IRTH NO.

NAME OF DECEASED
(Type or Print)

Feehan, Loretta

2. DATE
OF
DEATH

November 19, 1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
LOCATION

St. Joseph's

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1301 Homewood Avenue

Length of stay in Baltimore

SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Yrs.
Mos.
Days

F.

W.

Widowed

8. DATE OF BIRTH

1879

9. AGE (In years last birthday)

74

If Under 1 Year Months Days If Under 24 Hours Hours Min.

A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)

Hwfe.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

FATHER'S NAME

Hopkins

14. MOTHER'S MAIDEN NAME

Susanna L. Hopkins

WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Albert Knighton

18. 199.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Abdominal carcinomatosis

XXXX

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) with metastasis to rectum

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from October 4, 1953, to November 19, 1953, that I last saw the deceased alive on Nov. 19, 1953, and that death occurred at 7:50p m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

RECEIVED BY CAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 22 1953

Huntington Williams, M.D.

1400 N. Caroline Street

Nov. 19, '53

6. PHOTOGRAPH

668
53 10271

CERTIFICATE CORRECTED 7-22-51

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10271
Registered No.

IRTH NO.

NAME OF DECEASED
(Type or Print)

Mary Elizabeth (McGee) Leyrer

2. DATE
OF
DEATH

11-19-53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

2605 Greenmount Ave

Yrs.
Mos.
Days

Length of stay in Baltimore

SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

1886-1885

9. AGE (In years
last birthday)

67 68

10. Under 1 Year

Months

Days

11. Under 24 Hours

Hours

Min.

10. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

FATHER'S NAME

Patrick McGee

14. MOTHER'S MAIDEN NAME

Mary Cassidy Elizabeth Cassidy

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Wm. R. Leyrer-2605 Greenmount

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(A)

DUE TO

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from Oct 1932 to May 1953, that I last saw the
deceased alive on May 20, 1953, and that death occurred at 12:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-23-53

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

City

(State)

25. RECEIVED BY

CAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Wiedefeld & Son

ADDRESS

Greenmount Ave & 22nd

VS 150

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53-10272

53-10272

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JDA HARRIET ROBINSON

2. DATE
OF
DEATH

NOV. 21, 1953.

3. PLACE OF DEATH:

A. Baltimore City, Maryland MONTEBELLO HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND BALTIMORE CITY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)
HOSPITAL OR
INSTITUTION MONTEBELLO HOSPITALC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE.

28-04

MONTEBELLO HOSPITAL

c. Length of stay in Baltimore

30

Days

D. STREET ADDRESS (If rural, give location)

822 KEVIN ROAD, BALTIMORE 29.

5. SEX

FEMALE

6. COLOR OR RACE

WHITE.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

SEPT 7, 1876.

9. AGE (In years
last birthday)

77

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

CHARLES A. DEANE

14. MOTHER'S MAIDEN NAME

MINA LOUISE OULIN.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

HOSPITAL RECORD.

18. 447X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) BRONCHOPNEUMONIA AND PULMONARY
EDEMA. 24 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) ACUTE MYOCARDIAL FAILURE. 16 hours
(C) HYPERTENSION AND GENERALIZED
ARTERIOSCLEROSIS. YEARS.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

RIGHT HEMIPLEGIA DUE CEREBRAL ACCIDENT 3 YEARS.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from OCT 21, 1953, to NOV 21, 1953, that I last saw the
deceased alive on NOV 21, 1953, and that death occurred at 10:45 AM., from the causes and on the date stated above.

23A. SIGNATURE

Paul Rist

M. D.

23B. ADDRESS

MONTEBELLO HOSPITAL, BALTO, MD. NOV. 21, 1953

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-24-1953

24C. NAME OF CEMETERY OR CREMATORY

Spring Hill

24D. LOCATION (City, town, or county)

Easton,

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 22 1953

REGISTRAR'S SIGNATURE

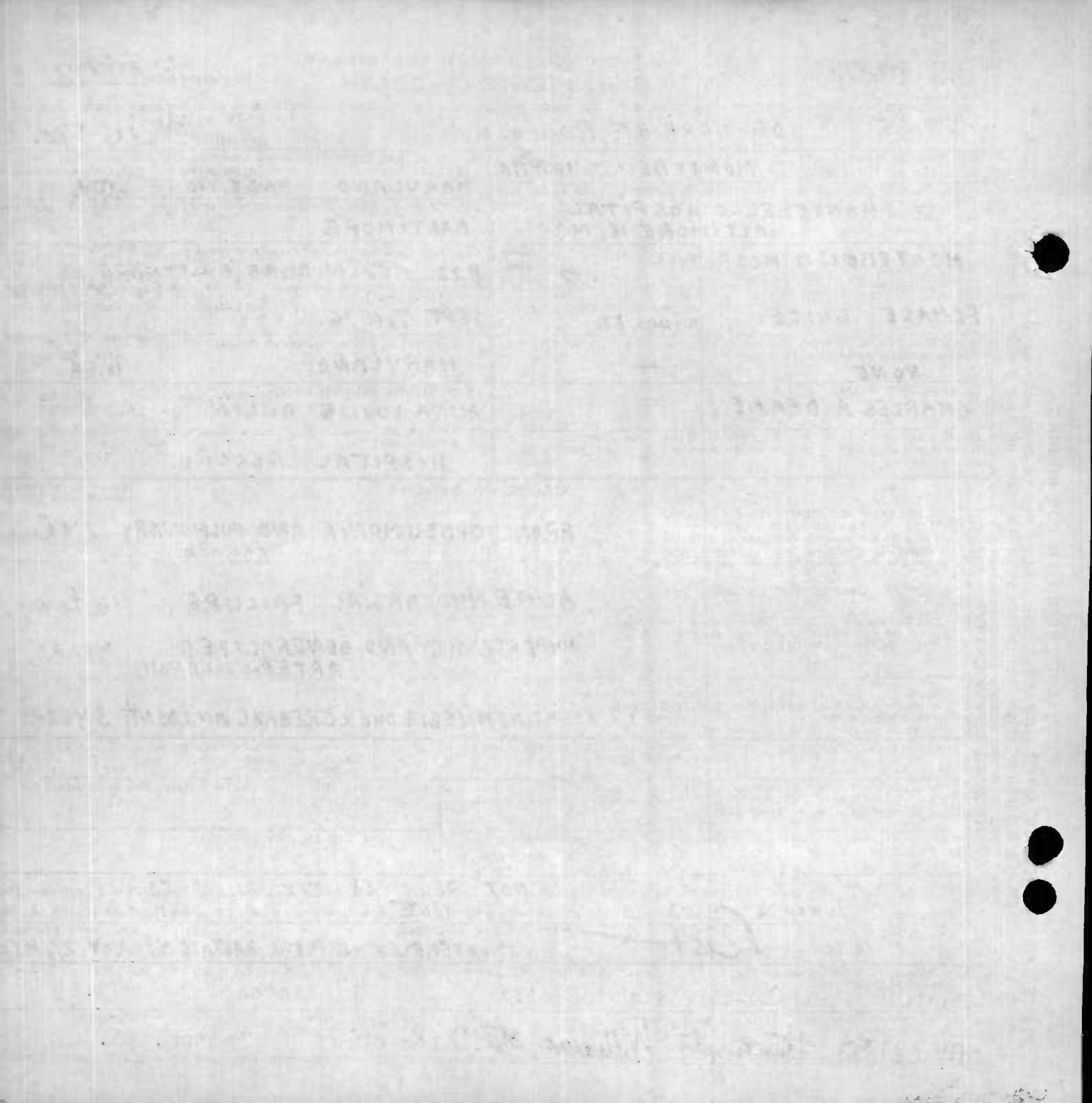
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Ellis Clark

ADDRESS

Easton, Md.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10273

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HENRY C. BRADLEY

2. DATE
OF
DEATH

II/18/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland 102 Pontiac Avenue

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 25-04D. STREET ADDRESS (If rural, give location)
102 Pontiac Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

12/13/86

9. AGE (In years
last birthday)

66

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Rigger Foreman

10B. KIND OF BUSINESS OR
INDUSTRY

G & E Co.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Frank

14. MOTHER'S MAIDEN NAME

Elizabeth Keyser

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Family - Same

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

Generalized Arteriosclerosis 3 yrs.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 14, 1953 to Nov. 18, 1953, that I last saw the
deceased alive on 11-13, 1953, and that death occurred at 1:50 P.m., from the causes and on the date stated above.

23A. SIGNATURE

R. S. J. J. J. J. J.

M. D.

23B. ADDRESS

4604 Gov. Ritchie Hwy

23C. DATE SIGNED

11-19-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

B

24B. DATE

II/23/53

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven Cem.

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

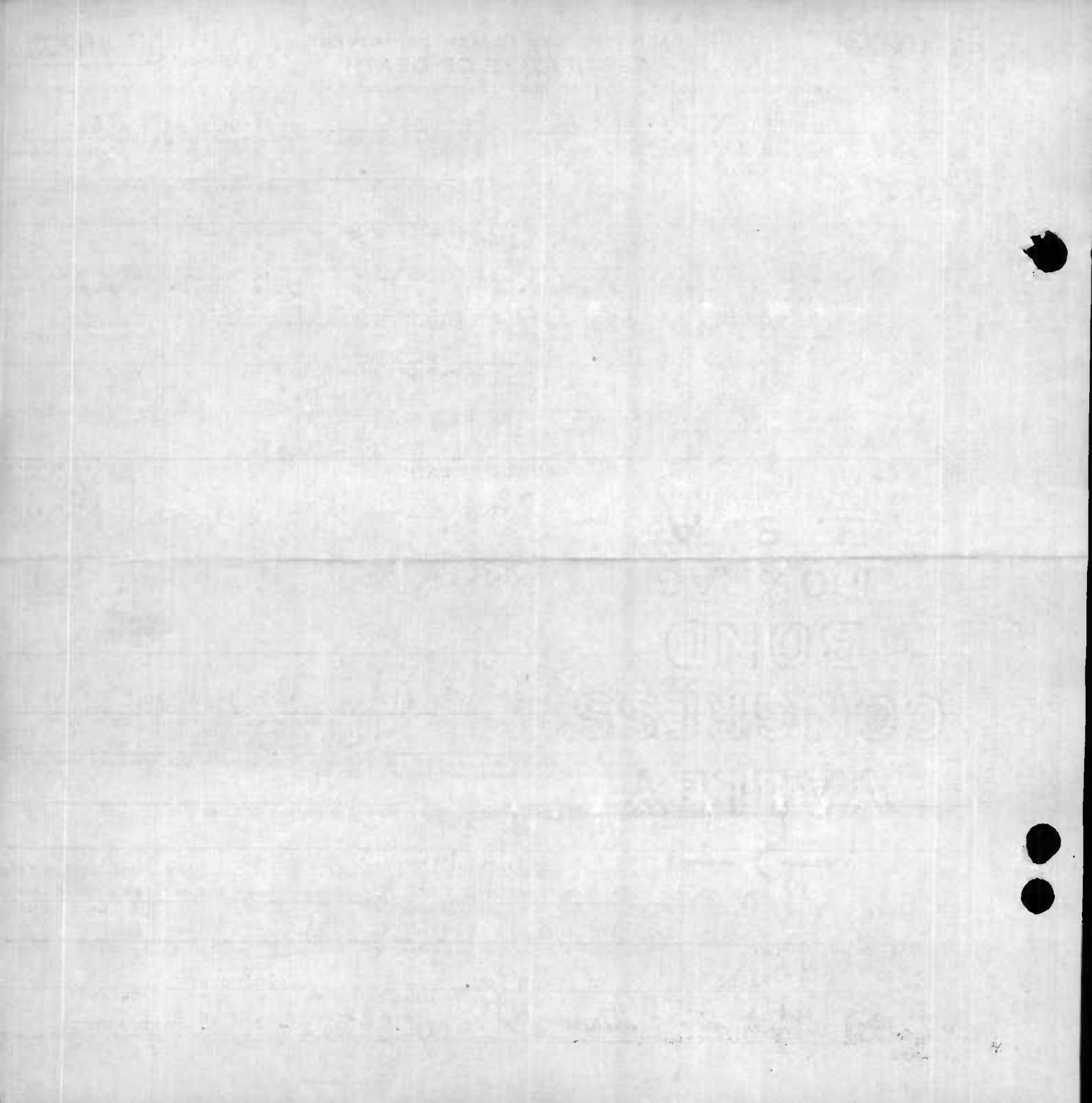
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

James L. McCall - 130 E. Fort Avenue

ADDRESS

NOV 22 1953



M-456

53 10274

RTH NO.

MOHLHENRICH
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10274

Registered No.

NAME OF DECEASED
(Type or Print)

Mohlhenrich Theodore

2. DATE
OF
DEATH

11/20-53

PLACE OF DEATH:

Baltimore City, Maryland Baltimore Md.

FULL NAME OF (If not in hospital or institution, give street address or location)

Franklin Square hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 23-03

D. STREET ADDRESS (If rural, give location)

38 E. Barney St. # 30

Place of stay in Baltimore

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

sep 30 1881

9. AGE (in years
last birthday)

72

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

policeman.

10B. KIND OF BUSINESS OR
INDUSTRY

M. J. DEANON Co.

11. BIRTHPLACE (State or foreign country)

Maryland.

12. CITIZEN OF
WHAT COUNTRY?

USA

FATHER'S NAME

Christopher Mohlhenrich.

14. MOTHER'S MAIDEN NAME

Elizabeth France

WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Family - Same

18. 541.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Duodenal ulcer bleeding.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Intestinal obstruction.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

Duodenal ulcer. Intestinal obstruction.

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

I hereby certify that I attended the deceased from 10/13, 1953, to 11/20, 1953 that I last saw the
deceased alive on 11/20, 1953, and that death occurred at 6:24 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

A. BURIAL, CREMA-
N. REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

TE RECEIVED BY
CAL. REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 22 1953 Huntington Williams, M.D.

F. J. Hospital 11/20-53

VS 150

77392 130 E. Ford Ave.

K-520

53 10275

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10275

IRTH NO.

NAME OF DECEASED
(Type or Print)

König May A.

2. DATE
OF
DEATH

Nov. 19 1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Franklin Square Hospital

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE

Maryland.

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

24-02

D. STREET ADDRESS (If rural, give location)

1001 Riverdale Ave.

Place of stay in Baltimore

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married.

8. DATE OF BIRTH

8/24/1896

9. AGE (in years
last birthday)

57

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland.

12. CITIZEN OF
WHAT COUNTRY?

USA

FATHER'S NAME

Samuel Tracey

14. MOTHER'S MAIDEN NAME

Henrietta Cramer

13. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

family - Same

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive C.V. disease.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cong. heart failure

DUE TO

(C) cerebral hemorrhage

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/5, 1953, to 11/19, 1953 that I last saw the
deceased alive on 11/19, 1953 and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

Franklin Square Hospital

11/19 53

A. BURIAL CREMA-
N. REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

TE RECEIVED BY

REGISTRAR'S SIGNATURE

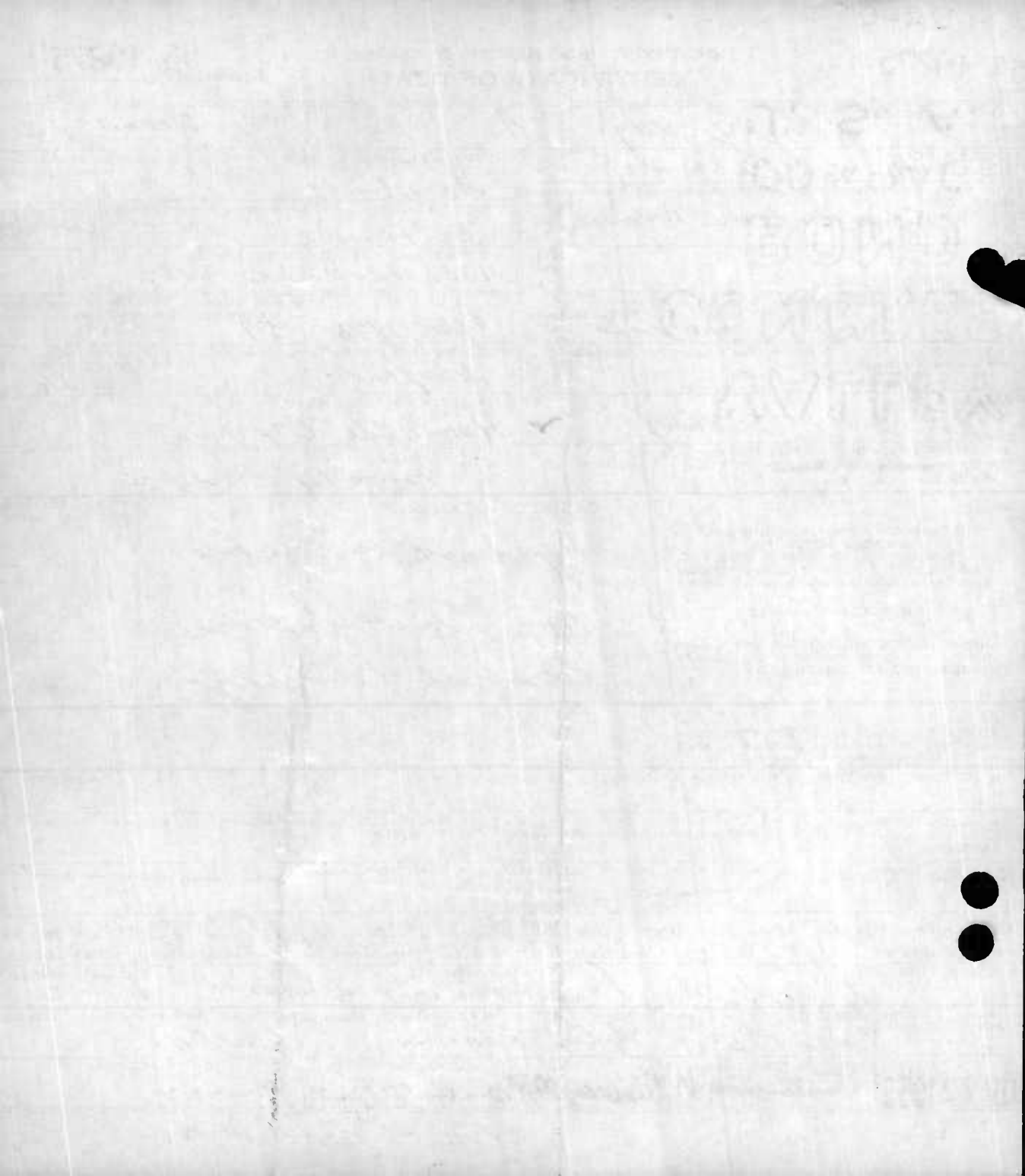
25. FUNERAL DIRECTOR

ADDRESS

OV 22 1953

Huntington Williams, M.D.

130 E. Foul Ave.



4-235

3 10276

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10276

Registered No.

IRTH NO.

NAME OF DECEASED
(Type or Print)

Acton, Nettie H.

2. DATE

OF

DEATH

November 19, 1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

302 First Avenue

Length of stay in Baltimore

life

Yrs.
Mos.
Days

6. COLOR OR RACE

Female

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own home

F. FATHER'S NAME

Samuel S. Sprinkel

G. WAS DECEASED EVER IN U.S. ARMED FORCES?
(If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

II/28/22

9. AGE (in years
last birthday)

30

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Mattie Bond

17. INFORMANT

Family - Same

ADDRESS

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Generalized carcinomatosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Carcinoma of hepatic flexure with
resection 2½ years ago.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 13, 1953, to November 19, 1953 that I last saw the
deceased alive on Nov. 19, 1953, and that death occurred at 11:40 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OV 22 1953

Huntington Williams, M.D.

James L. McCully - 130 E. Fort Avenue

L-216

53 10277

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10277

BIRTH NO. 53-23485

1. NAME OF DECEASED
(Type or Print)MICHAEL
Mike A Lissberger2. DATE
OF
DEATH

11/22/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 13-01

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

f not in hospital or institution, give street address or location)

721 Lake Drive

D. STREET ADDRESS (If rural, give location)

721 Lake Drive

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John

14. MOTHER'S MAIDEN NAME

Gleen Esterson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

John Lissberger - Same

18. 492x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Interstitial Pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

William W. Sholowz

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☒MEDICAL INVESTIGATOR.....☒

23C. DATE SIGNED

11/22/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 22 1953

Huntington Williams, MD

Jack Lewis

3100 Canton Rd

1997

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 55-10278T-452
53 10278BIRTH NO. 53-290351. NAME OF DECEASED
(Type or Print)

Baby Girl Tilling

2. DATE
OF
DEATH

11.22.53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 28-02

D. STREET ADDRESS (If rural, give location)

5506 Wayne Ave.

E. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH

11-21-53

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.
310A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Robert Tilling

14. MOTHER'S MAIDEN NAME

Barbara A. Collins

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 776x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Prematurity (6 mos.)

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 21, 1953, to Nov. 22, 1953, that I last saw the
deceased alive on Nov. 22, 1953, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Thomas F. Hebert

M. D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

11/22/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11-24-53

24C. NAME OF CEMETERY OR CREMATORY

Good Shepherd

24D. LOCATION (City, town, or county)

Baltimore City, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

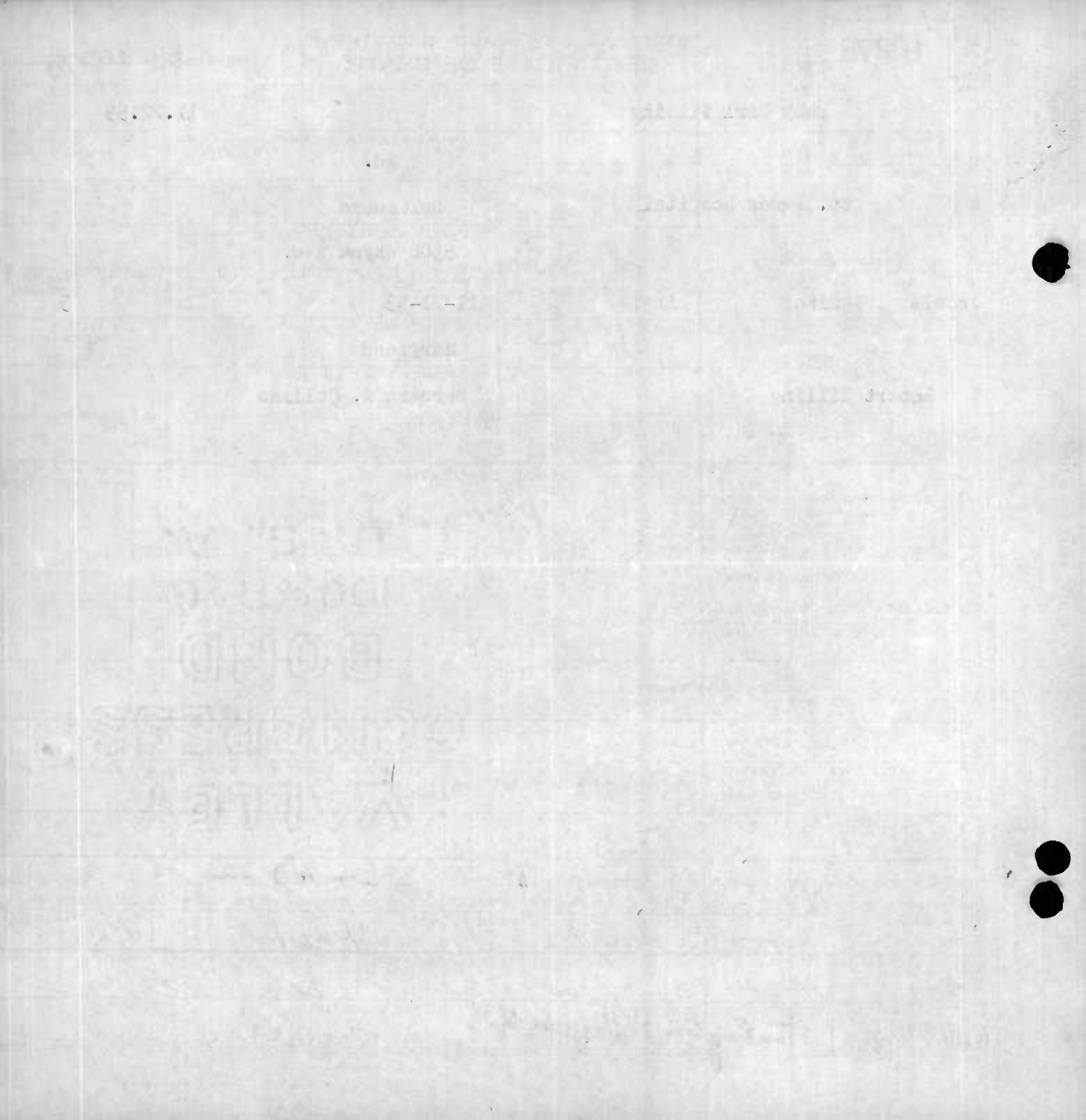
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

NOV 23 1953



MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A-652

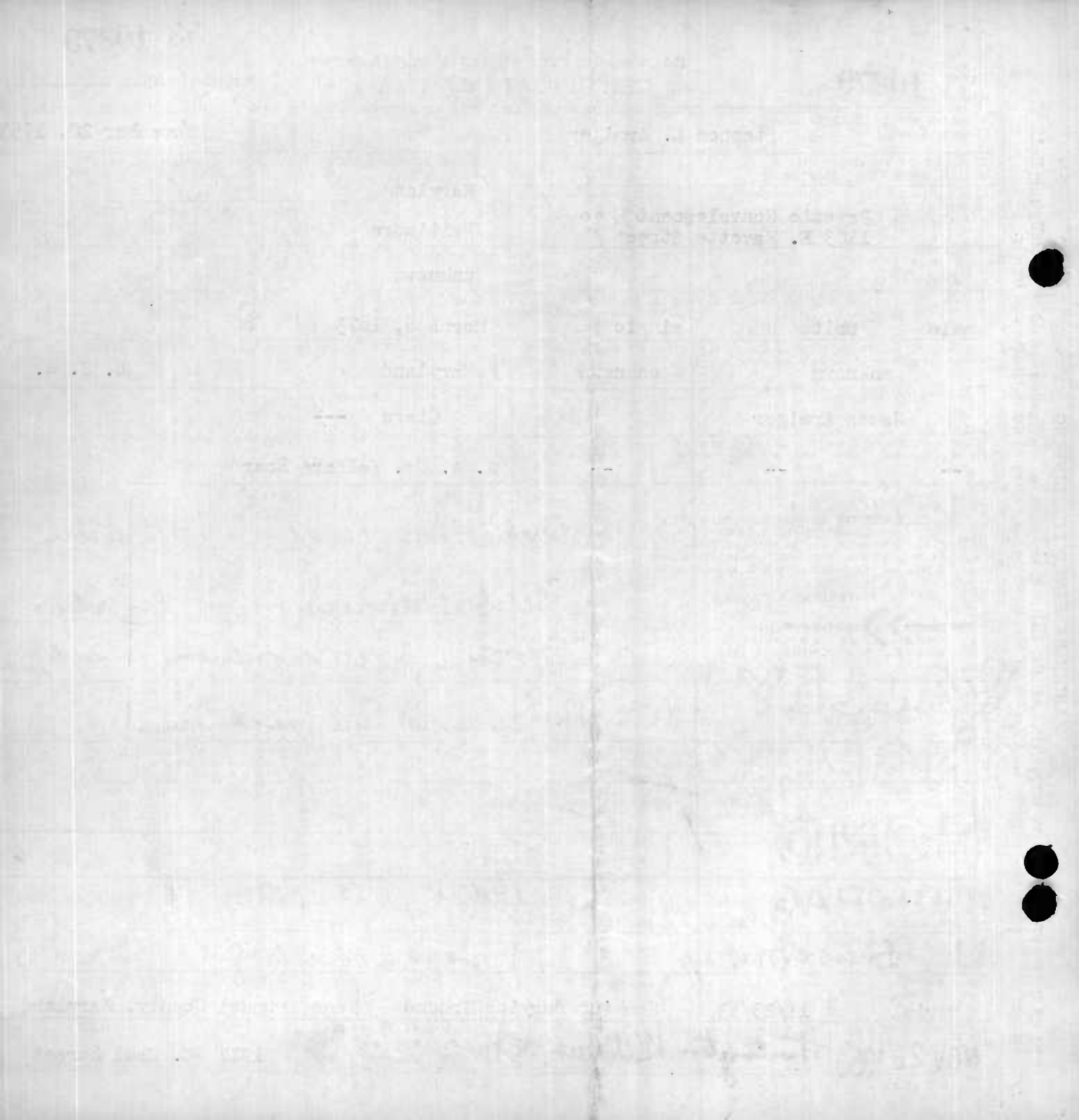
53 10279

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

53 10279
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Stephen L. Armiger			2. DATE OF DEATH November 20, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Fayette Convalescent Home 1103 E. Fayette Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) unknown		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH March 8, 1873		9. AGE (In years last birthday) 80
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown		10B. KIND OF BUSINESS OR INDUSTRY unknown	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME James Armiger			14. MOTHER'S MAIDEN NAME Clara ---		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) --		16. SOCIAL SECURITY NO. --	17. INFORMANT ADDRESS A. A. Co. Welfare Board		
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral hemorrhage DUE TO ANTECEDENT CAUSES Cerebral arteriosclerosis DUE TO Generalized arteriosclerosis DUE TO Hypertensive Cardiovascular Disease			INTERVAL BETWEEN ONSET AND DEATH 5 days undef. 2 wks		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 13 Nov , 19 53 , to 20 Nov , 19 53 , that I last saw the deceased alive on 19 Nov , 19 53 , and that death occurred at 5:15 m., from the causes and on the date stated above.					
23A. SIGNATURE <i>James L. Williams</i>		23B. ADDRESS 2020 N Charles St		23C. DATE SIGNED 21 Nov 53	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 11/23/53		24C. NAME OF CEMETERY OR CREMATORY Jenkins Burying Ground	
24D. LOCATION (City, town, or county) (State) Anne Arundel County, Maryland					
DATE RECEIVED BY LOCAL REGISTRAR NOV 23 1953		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS Booth, Inc., 1217 St. Paul Street	



N-652
53 10280

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10280
Registered No.

IRTH NO.

NAME OF DECEASED
(Type or Print)

Santee A. Warnick

2. DATE
OF
DEATH

Nov. 21, 1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

910 Evesham Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

910 Evesham Avenue

Let of stay in Baltimore

SEX

6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

White

Married

9. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)

Baker - Koester

10B. KIND OF BUSINESS OR INDUSTRY

FATHER'S NAME

Richard Warnick

11. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Wife.

ADDRESS

Mrs. Margaret Warnick 910 Evesham

18. 450.0 and 177X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO

Arteriosclerosis cerebri

INTERVAL BETWEEN ONSET AND DEATH

Indef.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

Arteriosclerosis, generalized

Indef.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma of prostate with metastasis.

about 3 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

22. I hereby certify that I attended the deceased from JAN, 1953, to Nov. 21, 1953, that I last saw the deceased alive on NOV 21, 1953, and that death occurred at 5 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Robert E. May

M. D.

1200 Woodbourne Av.

11/21/53.

A. BURIAL, CREMA- N. REMOVAL (Specify)

Burial

24B. DATE

11-24-53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

TE RECEIVED BY
CITY REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

PUNERAL DIRECTOR

Leonard J. Ruck

ADDRESS

5305 Harford Road.

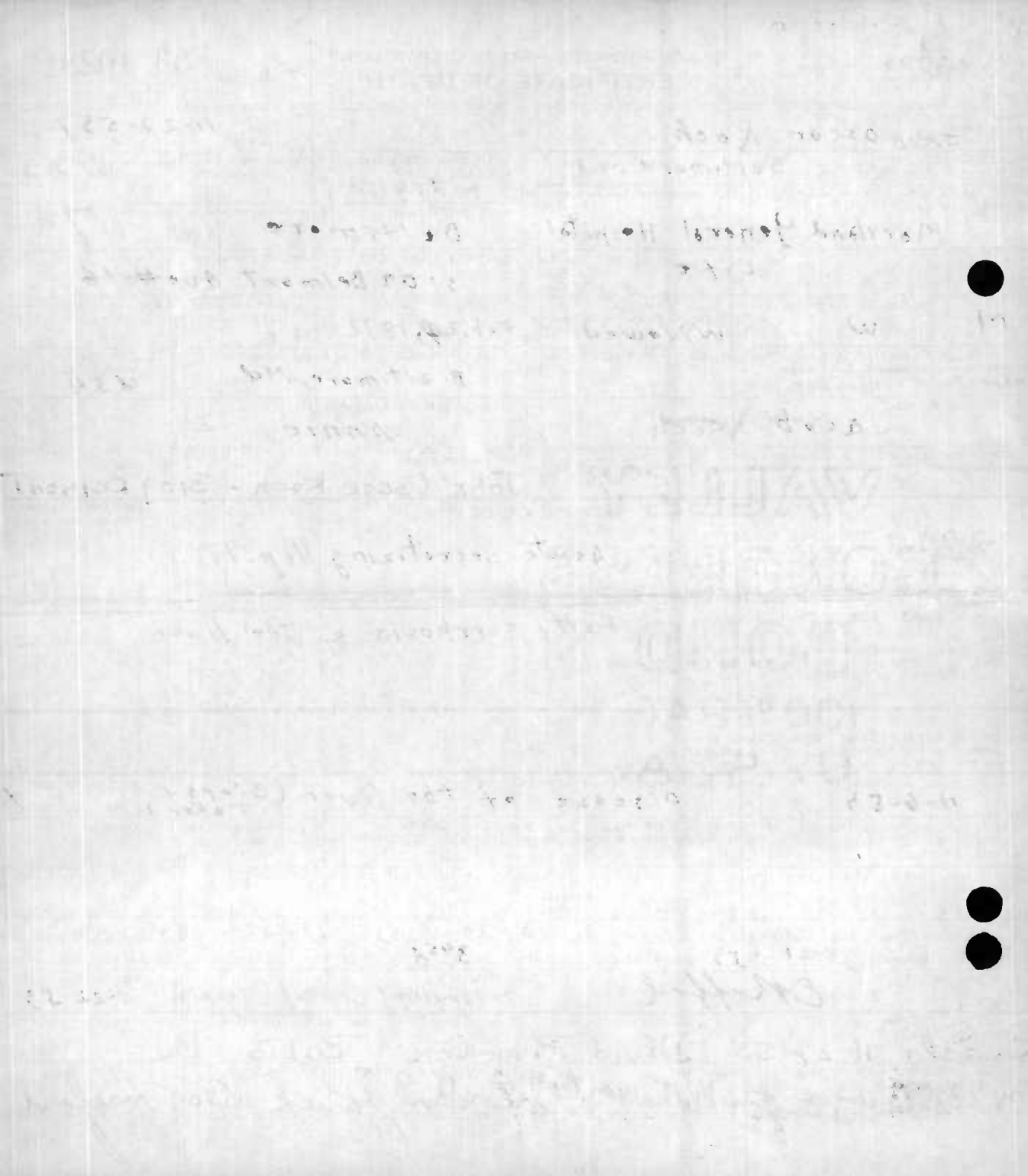
K-200

53 10281

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10281

NAME OF DECEASED (Type or Print) Jacob Oscar Koch		2. DATE OF DEATH 11-22-53	
PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-07	
Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 3109 Belmont Ave #16	
SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 24, 1892
9. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector Police Dept.		10. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 61
FATHER'S NAME Jacob Koch		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY? USA
WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	14. MOTHER'S MAIDEN NAME Annie 2
18. 581.0		17. INFORMANT John Oscar Koch - 3109 Belmont	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute necrotizing Hepatitis		CAUSE OF DEATH (A) Acute necrotizing Hepatitis DUE TO (B) Fatty cirrhosis of the liver DUE TO (C)	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 11-6-53		19B. MAJOR FINDINGS OF OPERATION Disease of the liver (Biopsy taken)	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 10-30 , 1953, to 11-22 , 1953, that I last saw the deceased alive on 11-21 , 1953, and that death occurred at 3:45 A m., from the causes and on the date stated above.			
23A. SIGNATURE E. Raffel		23B. ADDRESS Maryland General Hospital	
23C. DATE SIGNED 11-22-53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-27-53	
24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem		24D. LOCATION (City, town, or county) (State) BALTO Md	
25. FUNERAL DIRECTOR Leonard J. Luck		ADDRESS 5305 Bayford	
26. RECEIVED BY Huntington Williams		27. VS 150	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 10282

53 10282

BIRTH NO. 51-08386

1. NAME OF DECEASED.
(Type or Print)

Edna Gaeng

2. DATE
OF
DEATH

November 20, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Johns Hopkins Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

27-44

D. STREET ADDRESS (If rural, give location)

5909

Winthrop Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

4-10-51

9. AGE (In years

last birthday)

2

10. Under 1 Year

11. Under 24 Hours

Months: Days

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Child

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Bernard Gaeng

14. MOTHER'S MAIDEN NAME

Edna M. Beck

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Bernard Gaeng, 5909 Winthrop Ave.

18.

193X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Tumour Metastases

DUE TO

from

(B) Neuroblastoma

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-11, 1953, to 11-20, 1953, that I last saw the deceased alive on 11-20, 1953, and that death occurred at 6:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Margaret D. B. Willy

M. D.

23B. ADDRESS

23C. DATE SIGNED

11/20/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 23, 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leonard D. Buck, 5305 Harford Road.

STATE OF NEW YORK
IN SENATE
JANUARY 1, 1900

REPORT

OF THE
COMMISSIONERS OF THE LAND OFFICE

IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE

1899

ALBANY:

JOHN P. KANE, PRINTER.

THE ABSTRACTS OF THE LAND OFFICE
FOR THE YEAR 1899

ALBANY: JOHN P. KANE, PRINTER.

ALBANY: JOHN P. KANE, PRINTER.

ALBANY: JOHN P. KANE, PRINTER.

STATE

DATE

REPORT

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 10283

53 10283

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

Gerard A. Blazek

2. DATE
OF
DEATH

Nov. 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

27-38

D. STREET ADDRESS (If rural, give location)

2008 Ramblewood Rd. #14

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept. 6, 1948

9. AGE (In years

last birthday)

5

If Under 1 Year

Months: Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Child

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Charles J. Blazek JR

14. MOTHER'S MAIDEN NAME

Florence Sider

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Charles Blazek 2008 Ramblewood Rd #14

18. 089X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hemorrhage, subarachnoid

DUE TO

26 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Encephalitis post

DUE TO

mumps

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21a. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 20, 1953, to Nov. 21, 1953, that I last saw the deceased alive on Nov. 21, 1953, and that death occurred at 11 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Valeriana B. Castillo

23B. ADDRESS

M. D.

Maryland general Hospital 11/21/53

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11-24-1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

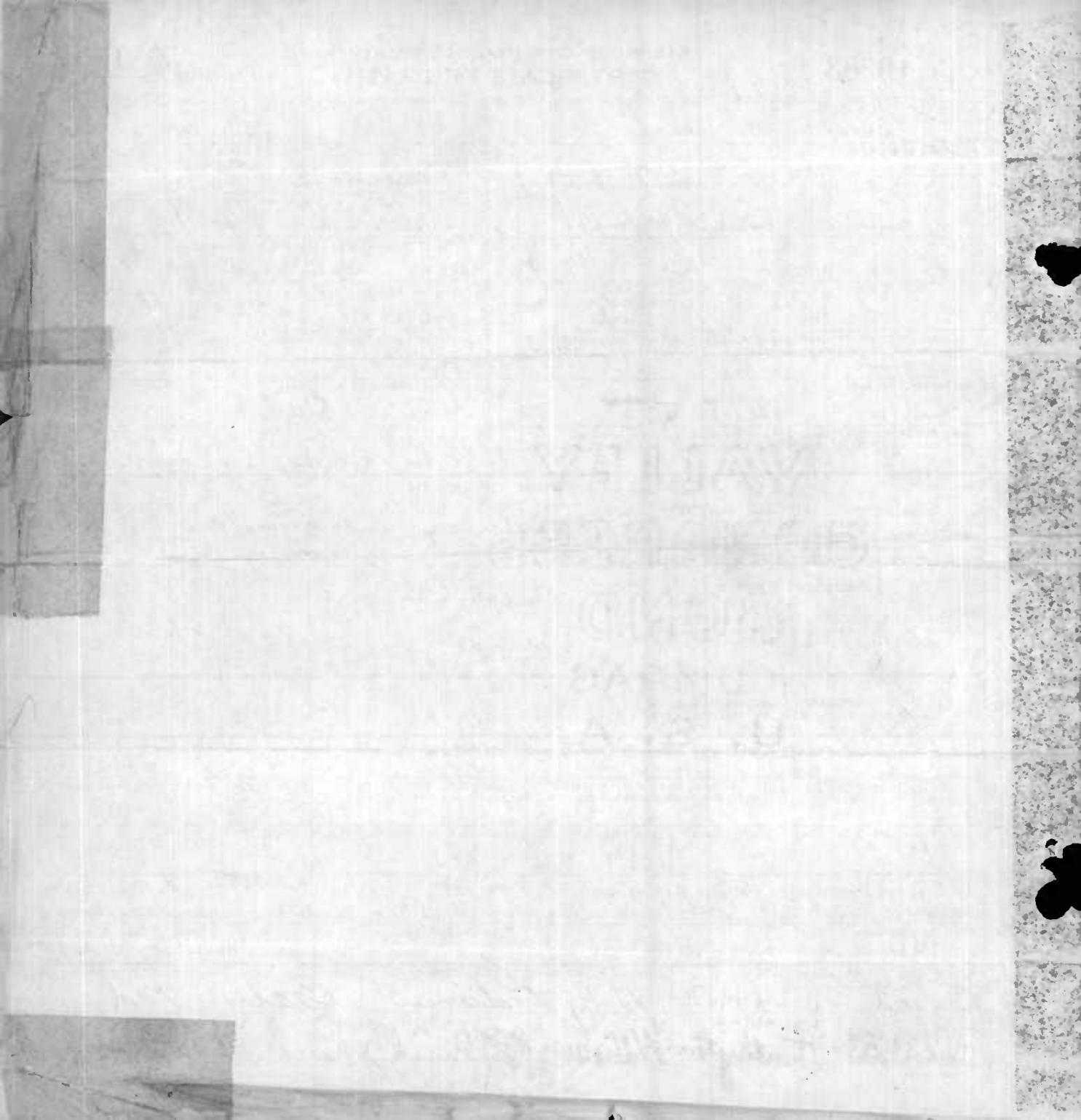
ADDRESS

NOV 23 1953

Huntington Williams

Edmond J. Ruck

5305 Harford



M-210

53 10284

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10284
Registered No.

BIRTH NO.

53-28373

1. NAME OF DECEASED
(Type or Print)

BABY BOY MOCKABEE

2. DATE
OF
DEATH

11/22/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Mercy Hospital*4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE *Maryland* B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE *Mercy Hospital, Baltimore, Md.*C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore *6-01*c. Length of stay in Baltimore *2 hrs. 50 min.*
Yrs. Mos. DaysD. STREET ADDRESS (If rural, give location)
27 N. Curley St. Balto 14, Md.

5. SEX

Male

6. COLOR OR RACE

*White*7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Newborn

8. DATE OF BIRTH

11/22/53

9. AGE (In years last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours Min.
2 50

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
*Baltimore, Maryland.*12. CITIZEN OF WHAT COUNTRY?
*U.S.*13. FATHER'S NAME
*Lloyd E. Mockabee*14. MOTHER'S MAIDEN NAME
Stella Szymanski

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. *776x*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
DUE TO

CAUSE OF DEATH

*Prematurity (22 weeks)*INTERVAL BETWEEN ONSET AND DEATH
2 hrs. 50 min.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO(B)
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION *0*

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

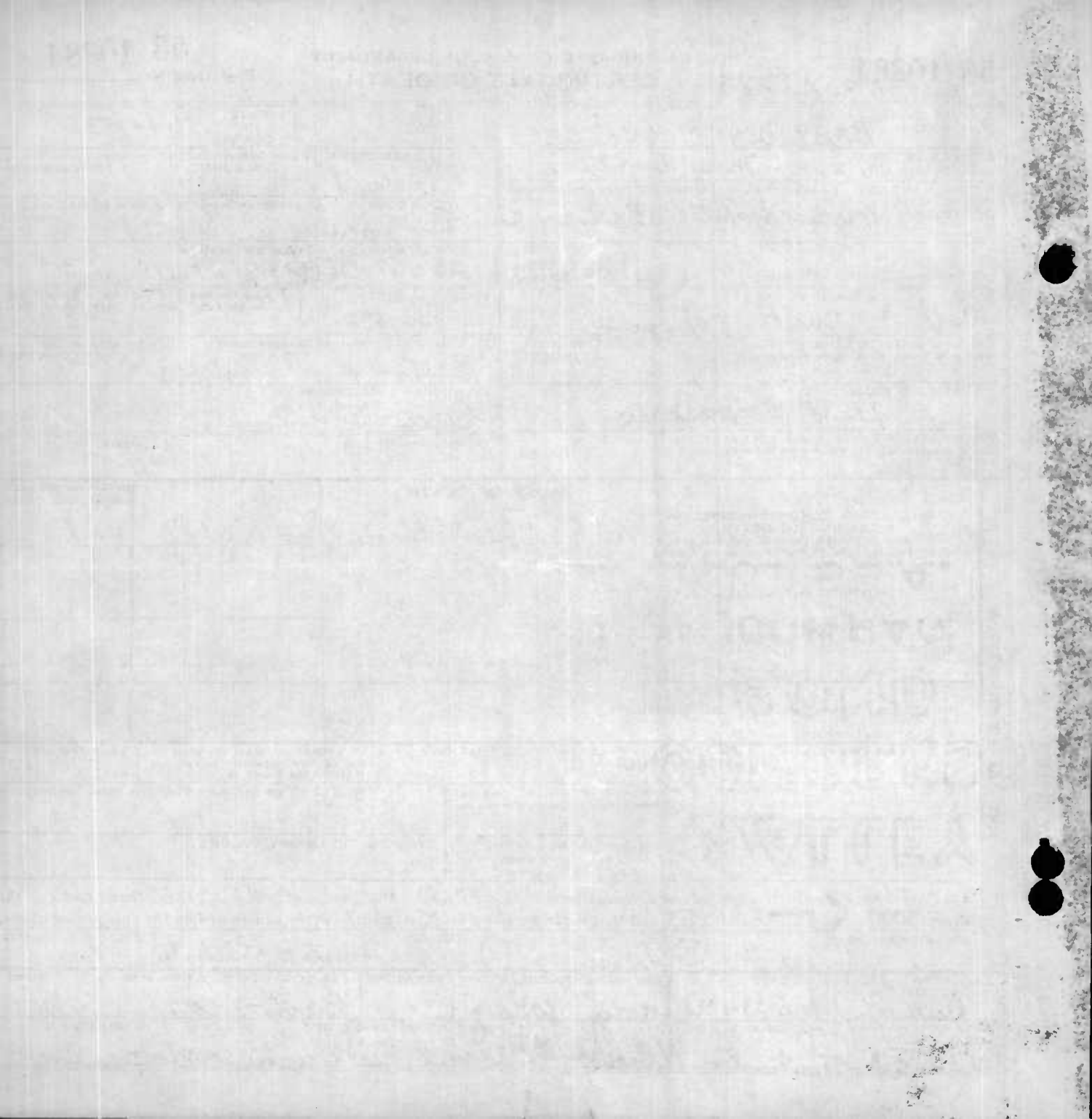
21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *11/22/53*, 19*53*, to *11/22*, 19*53*, that I last saw the deceased alive on *11/22*, 19*53*, and that death occurred at *2:25 pm.*, from the causes and on the date stated above.23A. SIGNATURE
*Clara M. Santavain*23B. ADDRESS
*Mercy Hospital, Balto, Md.*23C. DATE SIGNED
*11/22/53*24A. BURIAL, CREMATION, REMOVAL (Specify)
*Burial*24B. DATE
*Nov. 23-1953*24C. NAME OF CEMETERY OR CREMATORY
*Holy Rosary*24D. LOCATION (City, town, or county) (State)
Balto, Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE
*Huntington Williams, M.D.*25. FUNERAL DIRECTOR
*Wm. S. Fialkowski*ADDRESS
2007 Eastern Ave



K-526

53 10285

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10285

BIRTH NO.

NAME OF DECEASED

Type or Print)

(ANTHONY) TONY (ANTON) KOMISAR (KOMISARUK)

2. DATE

OF DEATH Nov. 20, 1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Franklin Square Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

20-03

D. STREET ADDRESS (If rural, give location)

1930 Wilkins Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

1894

9. AGE (In years last birthday)

58

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

PRESSER

10B. KIND OF BUSINESS OR INDUSTRY

TAILORING

11. BIRTHPLACE (State or foreign country)

RUSSIA -

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

UNKNOWN

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

213-10-8670

17. INFORMANT

ADDRESS

BERTHA KOMISAR 2510 GEORGETOWN RD

18. 420.1 and 322.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute alcoholism

DUE TO

ANTECEDENT CAUSES

(B) Coronary artery sclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph G. Jackson

23B. CHIEF MEDICAL EXAMINER.....☐ ASSISTANT MEDICAL EXAMINER.....☒ MEDICAL INVESTIGATOR.....☒

23C. DATE SIGNED

Nov. 20, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, to FRANCIS (State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 23 1953

Huntington Williams

Thas. W. Fachuska 703 McHenry

for 187-11

5-320

53 10286

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10286

Registered No.

IRTH NO.

NAME OF DECEASED
(Type or Print)

Vincent Getch

2. DATE
OF
DEATH

Nov 22-1953

PLACE OF DEATH:

Baltimore City, Maryland 1508 Fleet St

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

FULL NAME OF (If not in hospital or institution, give street address or
location)

at Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 3-01

OSPITAL OR
STITUTION

D. STREET ADDRESS (If rural, give location)

1508 Fleet ST

Length of stay in Baltimore

66

Yrs.
Mos.
Days

SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov 1870

9. AGE (in years
last birthday)

83

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

Elemental Work

10B. KIND OF BUSINESS OR
INDUSTRY

Mac Lea Lumber Co

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

FATHER'S NAME

Frank Getch

14. MOTHER'S MAIDEN NAME

Catherine Malanek

13. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

No, or unknown

16. SOCIAL
SECURITY NO.

212-16-9914

17. INFORMANT

ADDRESS

Stella Giff 1508 Fleet St

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Arteriosclerotic Cardio-Vascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Generalized Arteriosclerosis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Left Cerebro-Vascular Accident
C right hemiplegia

2 1/2 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1953 to Nov. 22, 1953 that I last saw the
deceased alive on Nov. 20, 1953. and that death occurred at 9 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Henry J. Houska

M. D.

23B. ADDRESS

333 S. East Ave

23C. DATE SIGNED

11/22/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11/26/53

24C. NAME OF CEMETERY OR CREMATORY

St Stanislaus

24D. LOCATION (City, town, or county)

1300 Dundalk Ave

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

ADDRESS

George P. Weber 705 S. Am St

NOV 23 1953

VS 150

DEPARTMENT OF HEALTH
STATE OF CALIFORNIA

1954

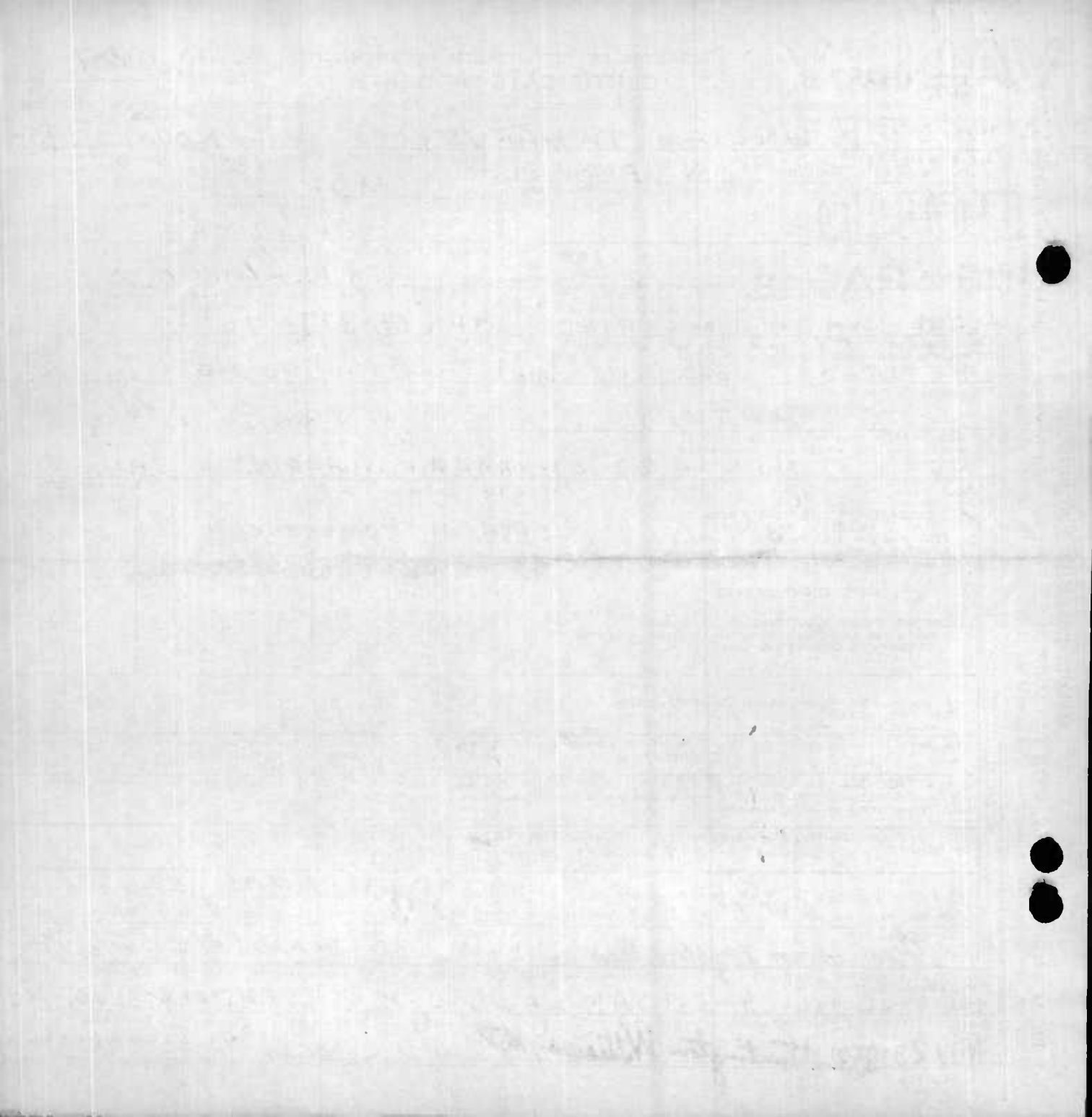


H-610

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10287
Registered No.

BIRTH No. 53 10287

1. NAME OF DECEASED (Type or Print) WILLIAM T. HARVEY			2. DATE OF DEATH NOV. 20, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland 118 N. HAVEN ST.			4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE MD. B. COUNTY 26-44		
B. FULL NAME OF HOSPITAL OR INSTITUTION 10			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
c. Length of stay in Baltimore LIFE Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 118 N. HAVEN ST.		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAR. 27, 1877	9. AGE (In years last birthday) 76	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED			10B. KIND OF BUSINESS OR INDUSTRY BALTO. CITY WORK.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME ? HARVEY			14. MOTHER'S MAIDEN NAME UNKNOWN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 212-28-7990		17. INFORMANT ADDRESS MAMIE W. HARVEY SAME.	
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH CEREBRAL HEMORRHAGE ARTERIOSCLEROSIS GENERALIZED 10 YRS.			INTERVAL BETWEEN ONSET AND DEATH 2 YRS.		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from JAN. 22, 1939 to NOV. 20, 1953 , that I last saw the deceased alive on NOV. 19, 1953 and that death occurred at 2:00 A. M. , from the causes and on the date stated above.					
23A. SIGNATURE <i>Benjamin J. DeRatzen</i>		23B. ADDRESS 121 S. HIGHLAND AVE.		23C. DATE SIGNED 11/21/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 11-23-53		24C. NAME OF CEMETERY OR CREMATORY OAK LAWN CEM.	
24D. LOCATION (City, town, or county) (State) 7225 EASTERN BLVD, MD.		25. FUNERAL DIRECTOR Huntington Williams, Charles S. Gailer		ADDRESS 901 S. CONKLING ST.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 23 1953		VS 150			



E. 524

3. 10288

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10288

NAME OF DECEASED
(Last, first, middle, or Print)

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

Lutheran Hosp of Md.

of stay in Baltimore

6. COLOR OR RACE

F W

USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired)

None

FATHER'S NAME

Claus

WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

None

16. SOCIAL SECURITY NO.

None

8. 434.1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21D. TIME (Month) (Day) (Year) (Hour)

OF INJURY

21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 10, 1953, to Nov. 21, 1953, that I last saw the deceased alive on Nov. 21, 1953, and that death occurred at 6:52 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Gilbert E. Rudman

23B. ADDRESS

2517 W. Balt. St.

23C. DATE SIGNED

11/21/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/24/53

24C. NAME OF CEMETERY OR CREMATORY

St. Matthews

24D. LOCATION (City, town, or county)

Baltimore

(State)

25. RECEIVED BY REGISTRAR

NOV 23 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Philip Herwig Sons

ADDRESS

2024 Orleans St.

VS 150

31

Doc - 5547

TO Be approved by Chief Medical Examiner -				BALTIMORE CITY HEALTH DEPARTMENT		Registered No. 53 10289	
53 10289				CERTIFICATE OF DEATH			
NAME OF DECEASED (Type or Print) Buecker, John Michael.				2. DATE OF DEATH 21 Nov 53			
PLACE OF DEATH: Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore			
FULL NAME OF (If not in hospital or institution, give street address or location) SPITAL OR TITUTION Union Memorial Hosp.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Thimonium 5200			
D. STREET ADDRESS (If rural, give location) Crowther's Trailer Camp.				8. DATE OF BIRTH June 21-1952			
9. AGE (In years last birthday) 1				10. AGE (In years last birthday) 5			
11. BIRTHPLACE (State or foreign country) Baltimore, Md.				12. CITIZEN OF WHAT COUNTRY? USA			
14. MOTHER'S MAIDEN NAME Helen Keck				17. INFORMANT Mr Donald F Buecker, Crowther's Trailer			
18. 053.4 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Septicemia				INTERVAL BETWEEN ONSET AND DEATH 3-4 hrs?			
19. 053.4 II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				CERTIFICATION APPROVED BY Joseph A. Jankins CHIEF OR EXAMINER			
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH				21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> OR NOT WHILE AT WORK <input type="checkbox"/>				21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 21 Nov, 1953 to 21 Nov, 1953 , that I last saw the deceased alive on 21 Nov, 1953 , and that death occurred at 2:20 p.m. , from the causes and on the date stated above.							
23A. SIGNATURE Thos. C. E. Moulton				23B. ADDRESS Union Mem. Hosp.			
23C. DATE SIGNED 21 Nov 53							
24A. NAME OF CEMETERY OR CREMATORY Northland Memorial				24B. LOCATION (City, town, or county) (State) Balto Md			
24C. DATE 11/24/53				24D. LOCATION (City, town, or county) (State) Balto Md			
24E. NAME OF CEMETERY OR CREMATORY Park Crest				24F. LOCATION (City, town, or county) (State) Balto Md			
25. FUNERAL DIRECTOR Passmore Funeral Home				25. FUNERAL DIRECTOR Passmore Funeral Home			
25. FUNERAL DIRECTOR Passmore Funeral Home				25. FUNERAL DIRECTOR Passmore Funeral Home			

T-300
53 10280

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 10280

BIRTH NO.

53-28291

1. NAME OF DECEASED
(Type or Print)

Rebecca Reed Todd

2. DATE
OF
DEATH

11/21/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

MARYLAND

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Hospital for the Women of Maryland.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Fullerton

D. STREET ADDRESS (If rural, give location)

Joppa Road.

C. Length of stay in Baltimore

1 1/2 Days

5. SEX

Female

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Nov. 19, 1953

9. AGE (In years last birthday)

11 Under 1 Year Months: Days: 12 10

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13. FATHER'S NAME

Dallas

Todd

14. MOTHER'S MAIDEN NAME

Thelma Evaline Mister

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Mother

ADDRESS

Joppa Rd. Fullerton Md.

18. 754.4

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Congenital heart disease

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

36-10

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 19, 1953, to Nov 21, 1953, that I last saw the deceased alive on Nov 21, 1953, and that death occurred at 11:17 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Charles R. Green, Jr.

23B. ADDRESS

Hospital for Women of Md.

23C. DATE SIGNED

11/21/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/23/53

24C. NAME OF CEMETERY OR CREMATORY

London Park Cem

24D. LOCATION (City, town, or county) (State)

Balto Md

DATE RECEIVED BY LOCAL REGISTRAR

NOV 23 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Josephine Funeral Home

ADDRESS

7401 Belair Rd

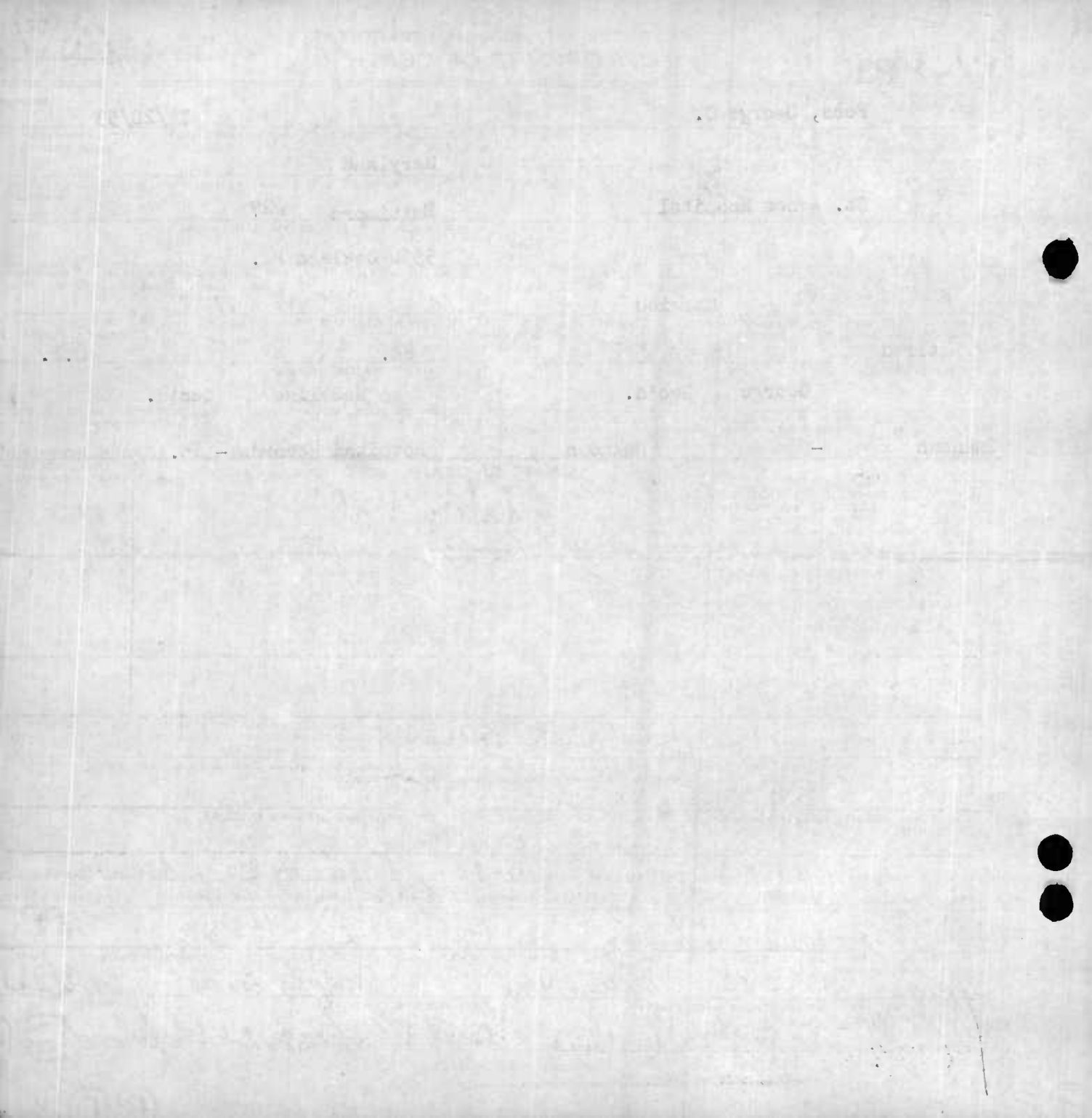
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53-10291

BIRTH NO. 53-10291

1. NAME OF DECEASED (Type or Print) Foos, George C.			2. DATE OF DEATH 11/20/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore #27		
C. Length of stay in Baltimore LIFE Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 5536 Oakland Rd. 5300		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH MARCH 6 1896		9. AGE (In years last birthday) 77
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY B.a.o.R.R.	11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME George Dec'd.			14. MOTHER'S MAIDEN NAME Madeline Dec'd.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Unknown		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Hospital Records - St. Agnes Hospital		

18. 199.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Abdominal Carcinomatosis				INTERVAL BETWEEN ONSET AND DEATH 5 PM To 6:30 PM. 11-20-53	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 11/12/53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Acute CHOLECYSTITIS		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-10- , 19 53 to 11-20 , 19 53 that I last saw the deceased alive on 11-20- , 19 53 and that death occurred at 6:30 Pm. , from the causes and on the date stated above.					
23A. SIGNATURE Francesco Indichieny		23B. ADDRESS ST AGNES HOSP		23C. DATE SIGNED 11-20-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 11/23/53		24C. NAME OF CEMETERY OR CREMATORY MEDOWRIDGE	
24D. LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND		24E. FUNERAL DIRECTOR Joseph J. ...		24F. ADDRESS 132 Edgemoor Dr. Rd	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 10292
Registered No.

53 10292
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Martha Douglass</i>			2. DATE OF DEATH <i>November 21, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>2455 Druid Hill Avenue</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
D. STREET ADDRESS (If rural, give location) <i>2455 Druid Hill Avenue</i>			E. LENGTH OF STAY IN BALTIMORE <i>80</i> Yrs. Mos. Days		
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH	9. AGE (In years last birthday) <i>50</i>	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Chisby</i>			14. MOTHER'S MAIDEN NAME <i>Unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. <i>442X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <i>Terminal Bronchial Pneumonia</i> DUE TO (B) <i>Cardio Vascular Renal Disease</i> DUE TO (C) <i>Senility</i>	INTERVAL BETWEEN ONSET AND DEATH <i>12 days</i> <i>1 yr.</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>11-24-53</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *November 9, 1953* to *November 21, 1953*, that I last saw the deceased alive on *November 19, 1953*, and that death occurred at *6 A.* m., from the causes and on the date stated above.

23A. SIGNATURE <i>M. D. Jackson</i>	23B. ADDRESS <i>600 N. Arlington Ave.</i>	23C. DATE SIGNED <i>11-21-53</i>
--	--	-------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>11-24-53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Westport Suburban</i>	24D. LOCATION (City, town, or county) (State) <i>Westport Suburban</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 23 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	FUNERAL DIRECTOR'S ADDRESS <i>1469 Edmondson Ave.</i>

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of coroner		12. Signature of jury	
13. Signature of witnesses		14. Signature of family		15. Signature of neighbors	
16. Signature of clergy		17. Signature of school		18. Signature of employer	
19. Signature of others		20. Signature of others		21. Signature of others	
22. Signature of others		23. Signature of others		24. Signature of others	
25. Signature of others		26. Signature of others		27. Signature of others	
28. Signature of others		29. Signature of others		30. Signature of others	
31. Signature of others		32. Signature of others		33. Signature of others	
34. Signature of others		35. Signature of others		36. Signature of others	
37. Signature of others		38. Signature of others		39. Signature of others	
40. Signature of others		41. Signature of others		42. Signature of others	
43. Signature of others		44. Signature of others		45. Signature of others	
46. Signature of others		47. Signature of others		48. Signature of others	
49. Signature of others		50. Signature of others		51. Signature of others	
52. Signature of others		53. Signature of others		54. Signature of others	
55. Signature of others		56. Signature of others		57. Signature of others	
58. Signature of others		59. Signature of others		60. Signature of others	
61. Signature of others		62. Signature of others		63. Signature of others	
64. Signature of others		65. Signature of others		66. Signature of others	
67. Signature of others		68. Signature of others		69. Signature of others	
70. Signature of others		71. Signature of others		72. Signature of others	
73. Signature of others		74. Signature of others		75. Signature of others	
76. Signature of others		77. Signature of others		78. Signature of others	
79. Signature of others		80. Signature of others		81. Signature of others	
82. Signature of others		83. Signature of others		84. Signature of others	
85. Signature of others		86. Signature of others		87. Signature of others	
88. Signature of others		89. Signature of others		90. Signature of others	
91. Signature of others		92. Signature of others		93. Signature of others	
94. Signature of others		95. Signature of others		96. Signature of others	
97. Signature of others		98. Signature of others		99. Signature of others	
100. Signature of others		101. Signature of others		102. Signature of others	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered 53 10293

4-452
53 10293
BIRTH NO.

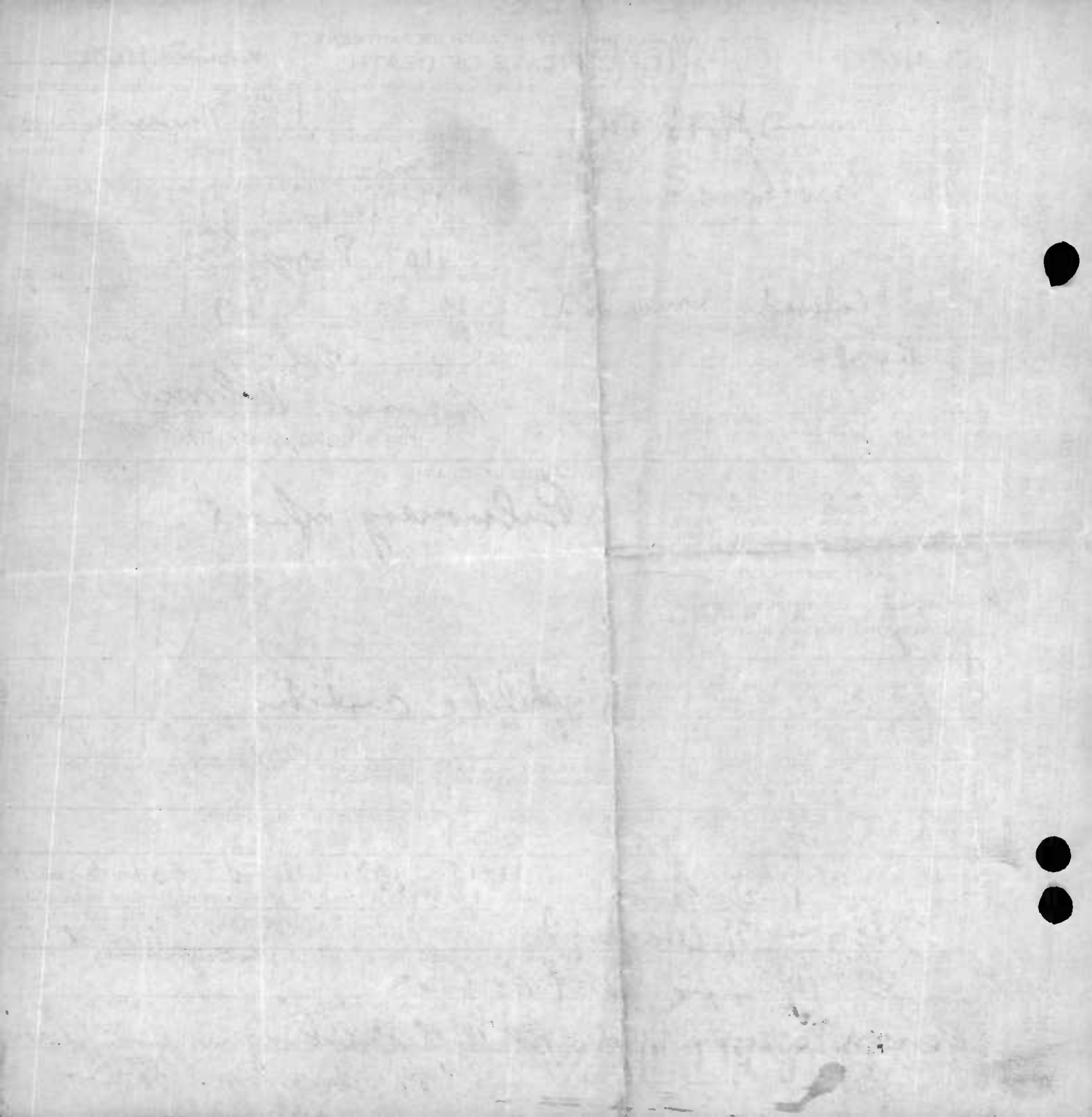
1. NAME OF DECEASED (Type or Print) <i>James Holmes</i>		2. DATE OF DEATH <i>November 20, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Med. Center 2</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>16-01</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
D. STREET ADDRESS (If rural, give location) <i>1102 Riggs Ave.</i>		E. LENGTH OF STAY IN BALTIMORE <i>33</i> Yrs. Mos. Days	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>10-2-04</i>
9. AGE (In years last birthday) <i>49</i>		10. A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Teacher</i> B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Md.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME <i>Anna Holmes</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. <i>023X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO <i>Pulmonary infarct</i>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO <i>Syphilitic aortitis</i>	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>✓</i>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from <i>11-15</i> , 19 <i>53</i> , to <i>11-20</i> , 19 <i>53</i> that I last saw the deceased alive on <i>11-20</i> , 19 <i>53</i> , and that death occurred at <i>12:58</i> p. m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Henry H. Wagner, Jr.</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>Nov 24, '53</i>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>	24B. DATE <i>11/24/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Beulah</i>	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR <i>Buried</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>	25. FUNERAL DIRECTOR <i>Metropolitan Funeral Home</i>	ADDRESS <i>1949 Edmonstone Ave.</i>
NOV 23 1953			



H-600

53 10294

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10294

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs Olive R. Ware

2. DATE
OF
DEATH

Nov. 21 '53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Maryland General Hospital

Length of stay in Baltimore

SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write full name and give township)

D. STREET ADDRESS (If rural, give location)

Bryolwaebumw and 16th St

8. DATE OF BIRTH

June 7, 1891

9. AGE (In years last birthday)

57

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SALES LADY

10B. KIND OF BUSINESS OR INDUSTRY

Retail Dept. Store

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

US

13. FATHER'S NAME

Rou Oabush

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

W

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Eluron Ford-Broadway St 3

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Heart failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Artery occlusion
(C) Atherosclerotic diseaseII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Virus pneumonia, Uremia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORKNOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 14, 1953 to Nov. 21, 1953, that I last saw the deceased alive on Nov. 21, 1953, and that death occurred at 9:45 p.m., from the causes and on the date stated above.

SIGNATURE

W.H. Chang

23B. ADDRESS

Md. General Hospital

23C. DATE SIGNED

Nov. 21 '53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/24/53

24C. NAME OF CEMETERY OR CREMATORY

Green Mount Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

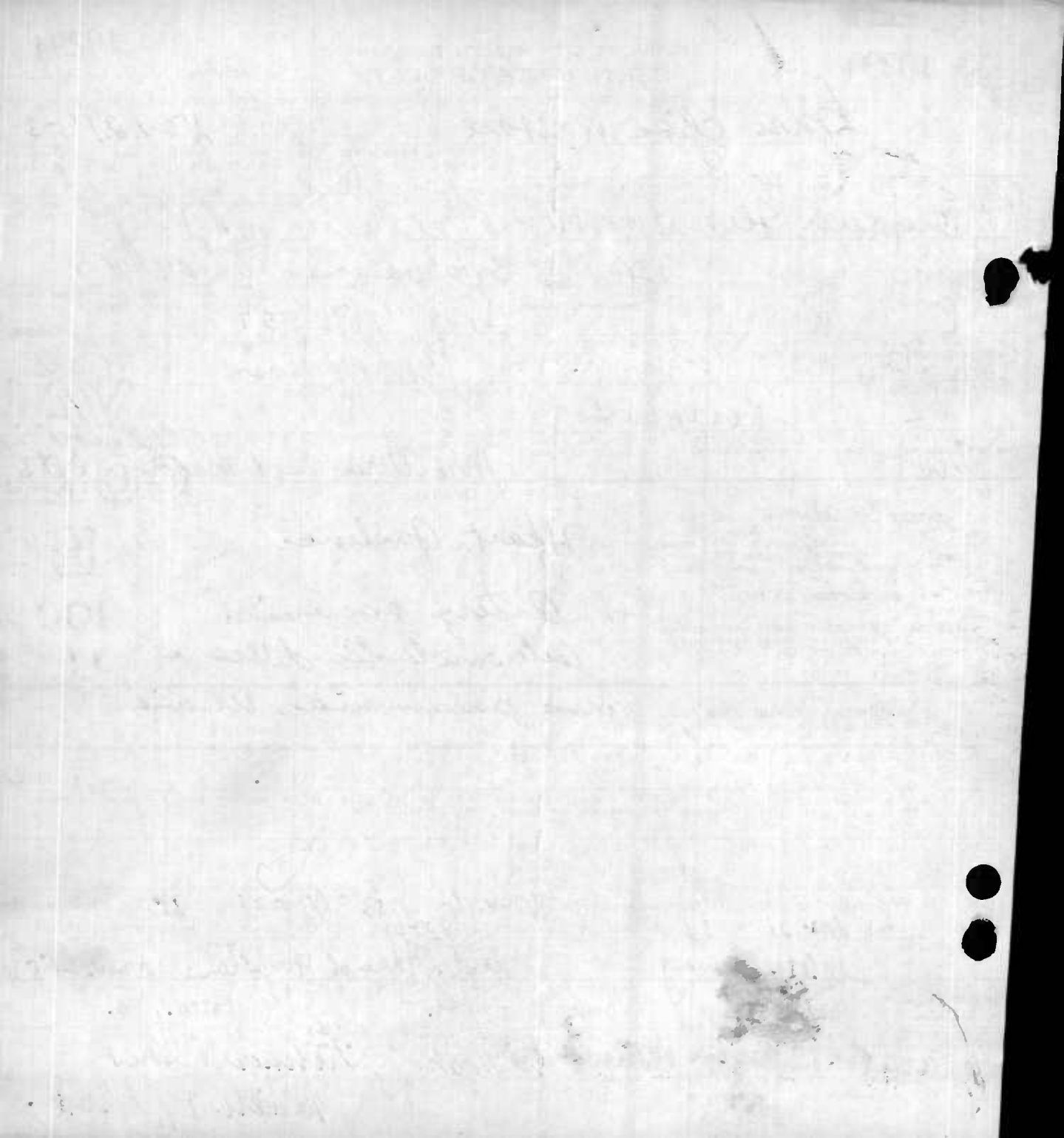
25. FUNERAL DIRECTOR

J.M. J. Pickner & Sons

ADDRESS

4906C Balto. 17, Md.

VS 150



53 10295

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10295

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES N. ZIES

2. DATE
OF
DEATH

Nov. 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Md.

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION

4015 Maine Ave.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, give RURAL and give township)

6. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

4015 Maine Ave.

7. SEX

male

8. COLOR OR RACE

white

9. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

10. DATE OF BIRTH

Mar. 11, 1872

11. AGE (In years
last birthday)

81

12. Under 1 Year
Months: Days13. Under 24 Hours
Hours: Min.14. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

President (rtd)

15. KIND OF BUSINESS OR
INDUSTRY
Mill Supplies

16. BIRTHPLACE (State or foreign country)

Maryland

17. CITIZEN OF
WHAT COUNTRY?

18. FATHER'S NAME

Charles J. W. Zies

19. MOTHER'S MAIDEN NAME

Elizabeth Schlutz

20. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

21. SOCIAL
SECURITY NO.
220-05-0191

22. INFORMANT

Mrs. Louise F. Zies-4015 Maine Ave.

ADDRESS

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebro-vascular accident

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

10 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Bronchopneumonia

10 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)22. TIME (Month) (Day) (Year) (Hour)
INJURY

22E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22F. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from Nov. 11, 1953, to Nov. 21, 1953, that I last saw the
deceased alive on Nov. 20, 1953, and that death occurred at 9 A. m., from the causes and on the date stated above.

23A. SIGNATURE

M. Goldstein

23B. ADDRESS

M. D.

5334 Liberty Heights Ave.

23C. DATE SIGNED

Nov. 21, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Burial 11/24/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

NOV 23 1953

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Pickner & Sons

Balto. 17, Md.

G-600

53 10296

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Sophia A. Grey

2. DATE
OF
DEATH

11.22.53 1042AM

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Maryland General Hospital

C. Length of stay in Baltimore

74 Yrs.
3 Mos.
3 Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H W

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Louis Essig

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

Yes, no or unknown

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland, B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-18

D. STREET ADDRESS (If rural, give location)

5000 Beaufort Ave # 15

8. DATE OF BIRTH

Sept 29, 1879

9. AGE (In years last birthday)

74

If Under 1 Year Months: Days

3

If Under 24 Hours Hours: Min.

7

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A

14. MOTHER'S MAIDEN NAME

Mary Grundgriepner

17. INFORMANT

ADDRESS

18. 170X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Ca of breast c metastasis Three years
DUE TO liver.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORKNOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10.24-53, 1953, to 11-22, 1953, that I last saw the deceased alive on 11.22.53, 1953, and that death occurred at 10:42 AM, from the causes and on the date stated above.

23. SIGNATURE

J. J. J. J.

M. D.

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

11.22.53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

11/25/53

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Maus.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

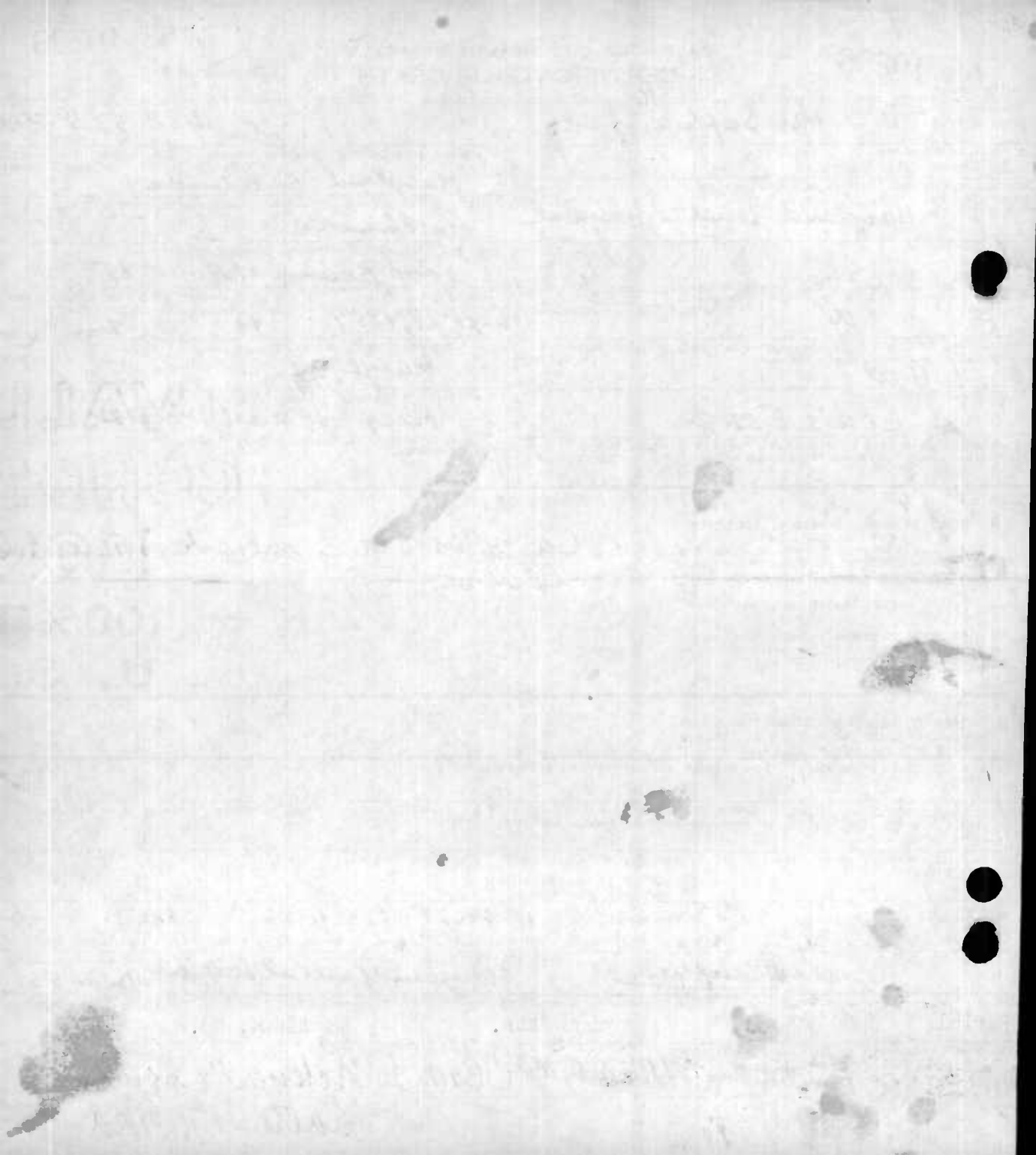
25. FUNERAL DIRECTOR

J. J. J. J.

ADDRESS

Baltimore, Md.

VS 150



M-263

53 10297

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

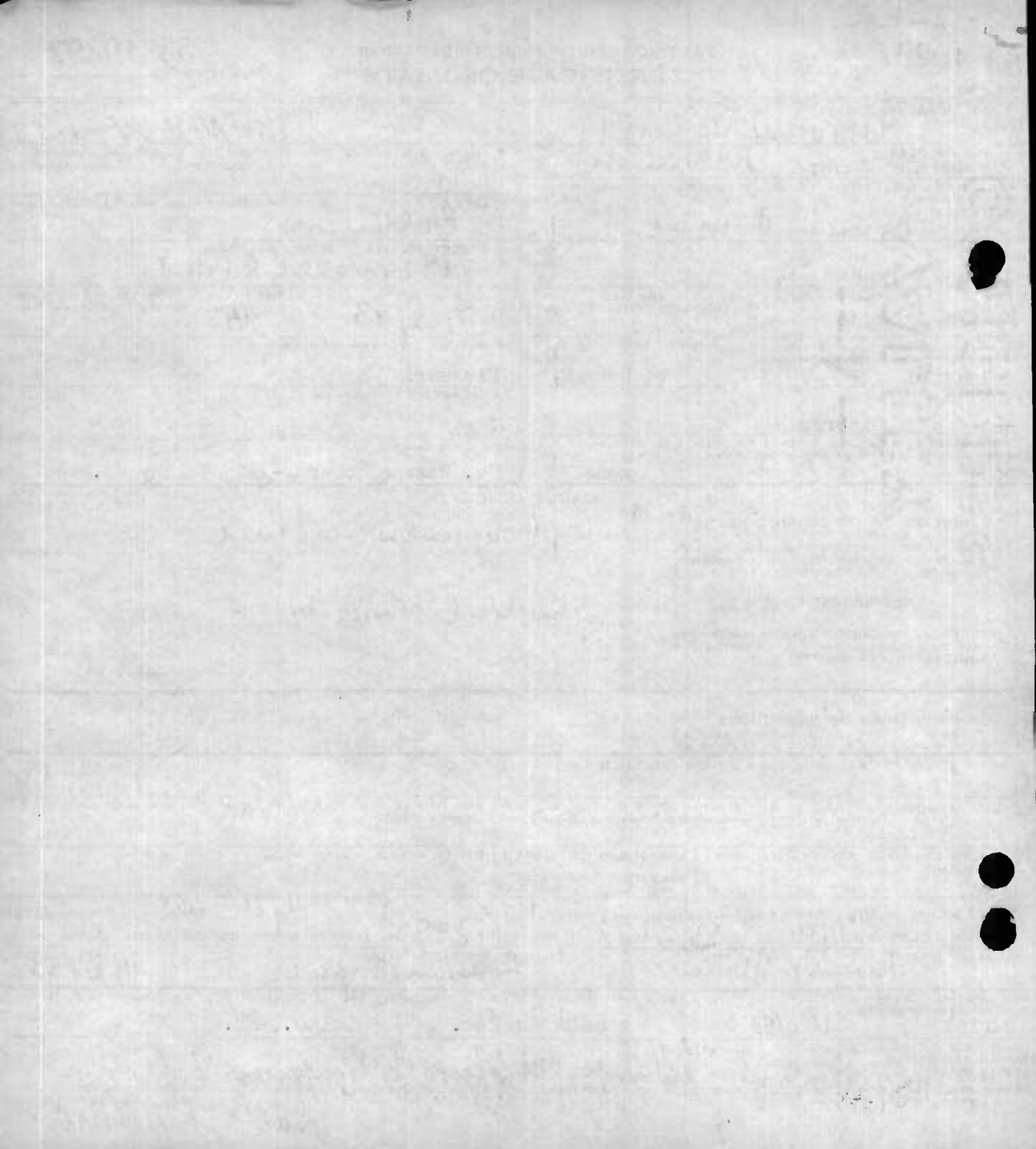
Registered No. 53 10297

BIRTH NO.			2. DATE OF DEATH NOV 21, 1953		
1. NAME OF DECEASED (Type or Print) Marion D. McCurdy			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
3. PLACE OF DEATH: a. Baltimore City, Maryland Baltimore			A. STATE Md		
b. FULL NAME OF (If not in hospital or institution, give street address or location) Guthrie Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1924 Valley Rd. #7 5300		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 7/29/78		9. AGE (in years last birthday) 75
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME -- Disbrow			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) none		16. SOCIAL SECURITY NO. none	17. INFORMANT ADDRESS Mr. Maxane McCurdy-1924 Valley Rd. Woodlawn		

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) Cerebrovascular accident DUE TO (B) generalized arteriosclerosis DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		
I hereby certify that I attended the deceased from 11/6, 1953, to 11/21, 1953, that I last saw the deceased alive on 11/21, 1953, and that death occurred at 8:55 p. m., from the causes and on the date stated above.				
23A. SIGNATURE Obaidi Hain		23B. ADDRESS Guthrie Hospital M. D.		23C. DATE SIGNED 11/21/53

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/24/53	24C. NAME OF CEMETERY OR CREMATORY Green Mount Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 23 1953	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR J. L. Lippner & Sons Balto. 17, Md.	



MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 10298

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George Blessing

2. DATE
OF
DEATH

11/20/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

8. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Lutheran Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

16-08

D. STREET ADDRESS (If rural, give location)

1000 Woodington Rd.

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

B. DATE OF BIRTH

Feb. 11, 1896

9. AGE (In years
last birthday)

57

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Route Owner

10B. KIND OF BUSINESS OR
INDUSTRY

Newspaper

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George W. Blessing

14. MOTHER'S MAIDEN NAME

Katherine M. Hood

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

World War No. 1

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Gertrude R. Blessing-1000 Woodington Rd

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Arteriosclerotic Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Coronary Occlusion

DUE TO

(C)

Posterior Myocardial Infarct

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

William V. Lovett

23B. CHIEF MEDICAL EXAMINER ☐ 23C. DATE SIGNED
ASSISTANT MEDICAL EXAMINER ☒ 11/21/53
M.D. MEDICAL INVESTIGATOR ☐24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/23/53

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Com.

24D. LOCATION (City, town or county)

Pikesville, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 23 1953

REGISTRAR'S SIGNATURE

H. L. Williams

25. FUNERAL DIRECTOR

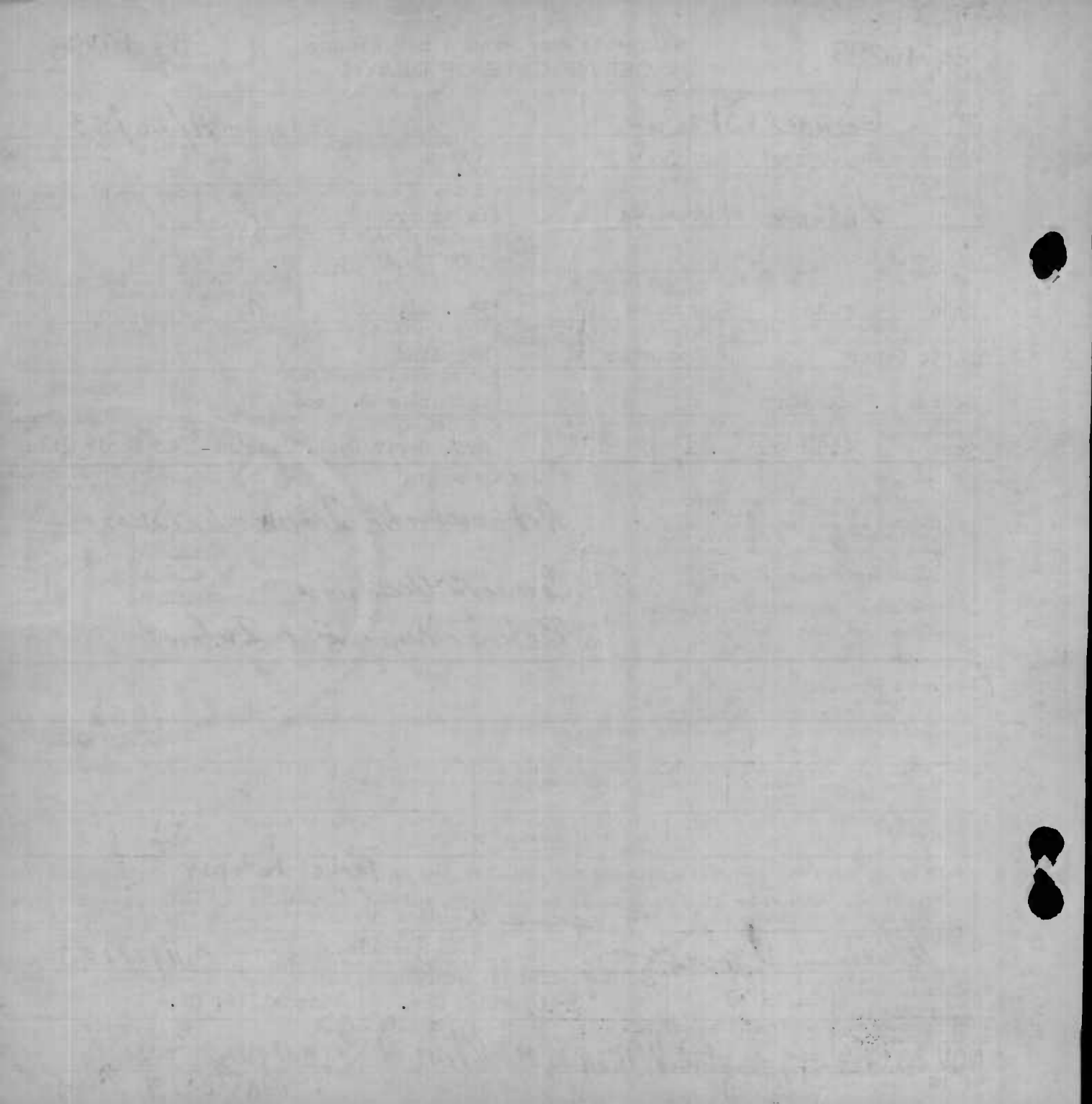
J. J. Vickrey & Sons

ADDRESS

Ballo. 17, Md.

VS 151

29044



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10299

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDA B. SHORTALL

2. DATE
OF
DEATH

11/23/1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD.

Queen Anne's

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

UNIVERSITY Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

QUEENSTOWN, MD.

D. STREET ADDRESS (If rural, give location)

6700

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

7/5/07

9. AGE (in years
last birthday)

46

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House w. fr.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

EDWARD BAILEY

14. MOTHER'S MAIDEN NAME

ANNA EDEN FIELD

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 170X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Carcinoma of Breast
DUE TO Generalized metastases

2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11/18/53

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMED

Intestinal Obstruction

IF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/17, 1953, to 11/23, 1953 that I last saw the
deceased alive on 11/23, 1953, and that death occurred at 8:35 P.M., from the causes and on the date stated above.

23A. SIGNATURE

J. K. Pearson

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

11/23/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

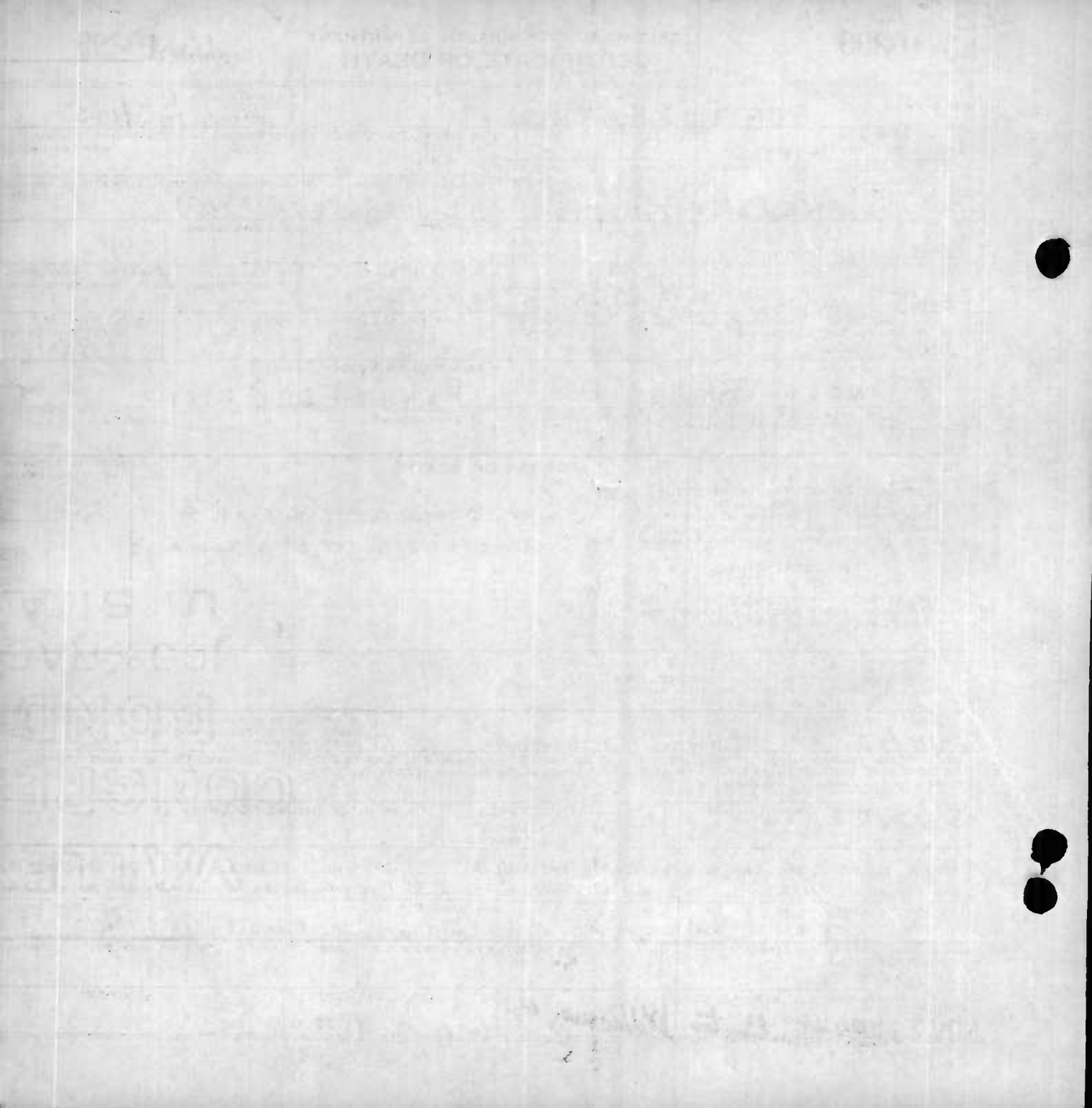
25. FUNERAL DIRECTOR

ADDRESS

NOV 23 1953

Huntington Williams

J. J. Loney Inc.



5-650

53 10300

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10300

1. NAME OF DECEASED (Type or Print) <i>Martha A. Grimm</i>		2. DATE OF DEATH <i>11-21-53</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland <i>Baltimore</i> b. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Doctors Hospital</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Maryland</i> b. COUNTY	
5. Length of stay in Baltimore		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
6. SEX <i>Female</i>		d. STREET ADDRESS (If rural, give location) <i>1607 Palworth Rd</i>	
7. COLOR OR RACE <i>White</i>		8. DATE OF BIRTH <i>11/27/1885</i>	
9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		9. AGE (In years last birthday) <i>67</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>	
10b. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Wm. J. McCleary</i>		14. MOTHER'S MAIDEN NAME <i>Anna R. Coleman</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		17. INFORMANT <i>3127 ADDRESS</i> <i>Henry O. Grimm Christenfield Ave</i>	
16. SOCIAL SECURITY NO.		18. <i>420.1 and 260x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary occlusion</i> (A) DUE TO <i>Arteriosclerotic cardiovascular and</i> (B) RISE TO <i>Renal disease</i> (C)	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>diabetes mellitus</i>		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <i>0</i>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>11/1</i> , 19 <i>53</i> to <i>11/21</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>11/21</i> , 19 <i>53</i> , and that death occurred at <i>12 noon</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Reginald Blum</i> M. D.		23b. ADDRESS <i>117th Calver St</i>	
23c. DATE SIGNED <i>11/21/53</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>11/24/53</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Parkwood</i>		24d. LOCATION (City, town, or county) (State) <i>Parkville Md.</i>	
25. FUNERAL DIRECTOR <i>Huntington Williams, 1217 St. Paul St.</i>		ADDRESS	

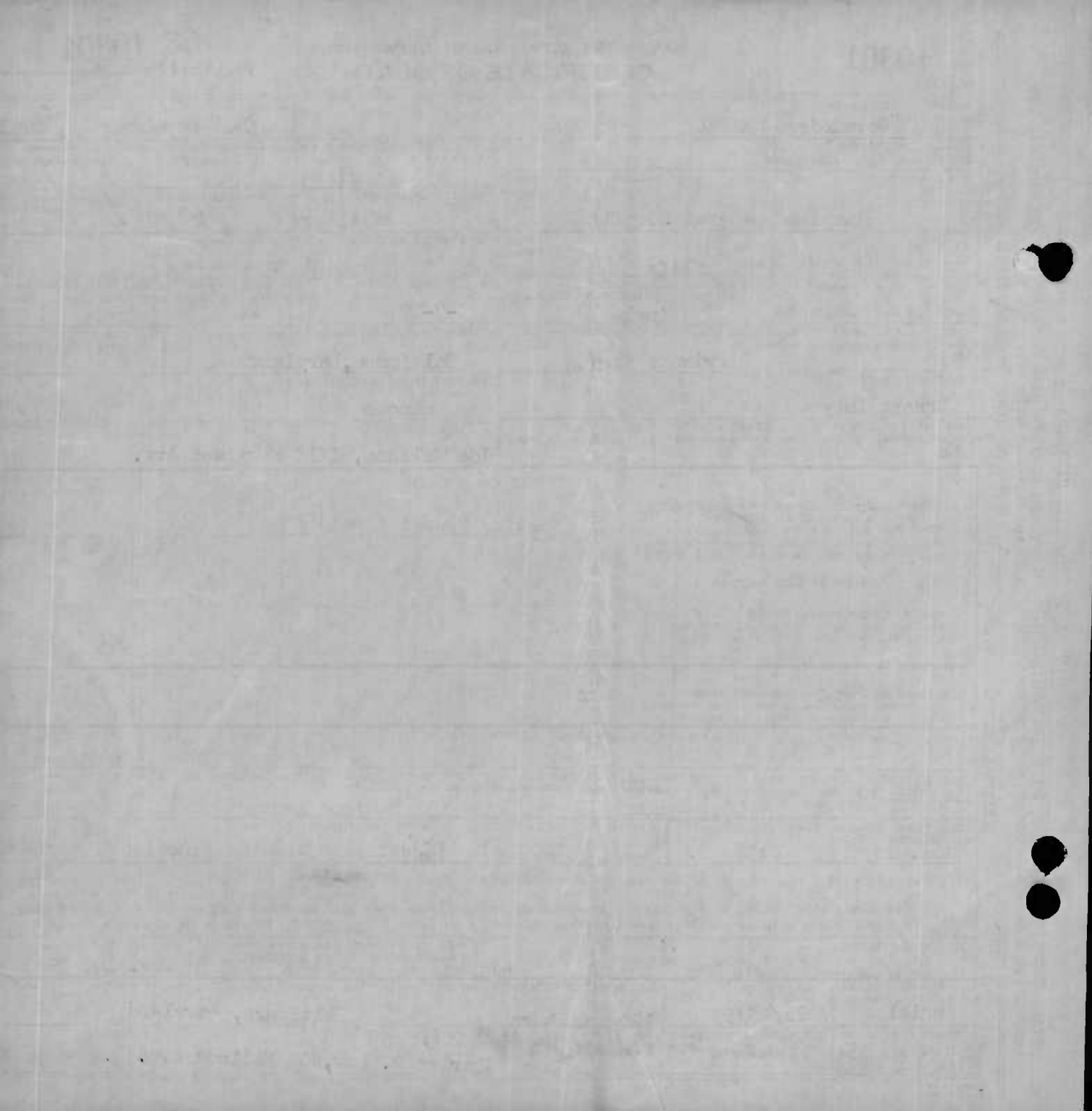
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10301
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Geraldine MABEL LUBY			2. DATE OF DEATH November 18, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 932 Madison Avenue		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 4-7-29	9. AGE (In years last birthday) 24	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maid		10B. KIND OF BUSINESS OR INDUSTRY Private family	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Ernest Luby			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Ida Wallace, 1814 Maryland Ave.		

18. E 971.7 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Sodium fluoride poisoning DUE TO	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 932 Madison Avenue	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Nov. 18, 1953 8:30 P.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Ingestion of sodium fluoride	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William J. Smith</i>		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Nov. 19, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/25/53		24C. NAME OF CEMETERY OR CREMATORY Mour. & A. Auburn	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		24E. DATE RECEIVED BY LOCAL REGISTRAR NOV 23 1953			
REGISTRAR'S SIGNATURE <i>Thurston Williams</i>		FUNDAL DIRECTOR <i>Charles R. Law</i>		ADDRESS Charles R. Law, 802 Madison Ave.	



2-320
53 10302

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10302

Registered No. _____

1. NAME OF DECEASED (Type or Print) Emma Ludwig			2. DATE OF DEATH Nov 20, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland 4401 Valley View Ave.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____		
5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
6. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 4401 Valley View Ave, Zone 6		
7. SEX female	8. COLOR OR RACE white	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	10. DATE OF BIRTH Sept. 17, 1878		11. AGE (In years last birthday) 75
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			13. KIND OF BUSINESS OR INDUSTRY at home		14. BIRTHPLACE (State or foreign country) Baltimore, Md.
15. FATHER'S NAME George Koebler			16. MOTHER'S MAIDEN NAME unknown		
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no			18. SOCIAL SECURITY NO.		19. INFORMANT ADDRESS Paul C. Ludwig, son, above
20. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Coronary occlusion			21. INTERVAL BETWEEN ONSET AND DEATH		
22. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary Sclerosis			23. DUE TO Cholecystitis		
24. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. obesity			25. DUE TO Proctitis - Arterio Sclerosis		
26. DATE OF OPERATION 0			27. MAJOR FINDINGS OF OPERATION		
28. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>			29. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
30. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			31. HOW DID INJURY OCCUR?		
32. TIME (Month) (Day) (Year) (Hour) OF INJURY			33. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
34. I hereby certify that I attended the deceased from Oct 11, 1953 , to Nov 20, 1953 , that I last saw the deceased alive on Nov 11, 1953 , and that death occurred at 6:30 A. M. , from the causes and on the date stated above.					
35. SIGNATURE Robert A. Anderson			36. ADDRESS 3001 Shannon Drive		37. DATE SIGNED 11/20/53
38. BURIAL, CREMATION, REMOVAL (Specify) Burial			39. DATE Nov. 23, 1953		40. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery
41. LOCATION (City, town, or county) Baltimore, Md.			42. FUNERAL DIRECTOR Huntington Williams, Inc.		

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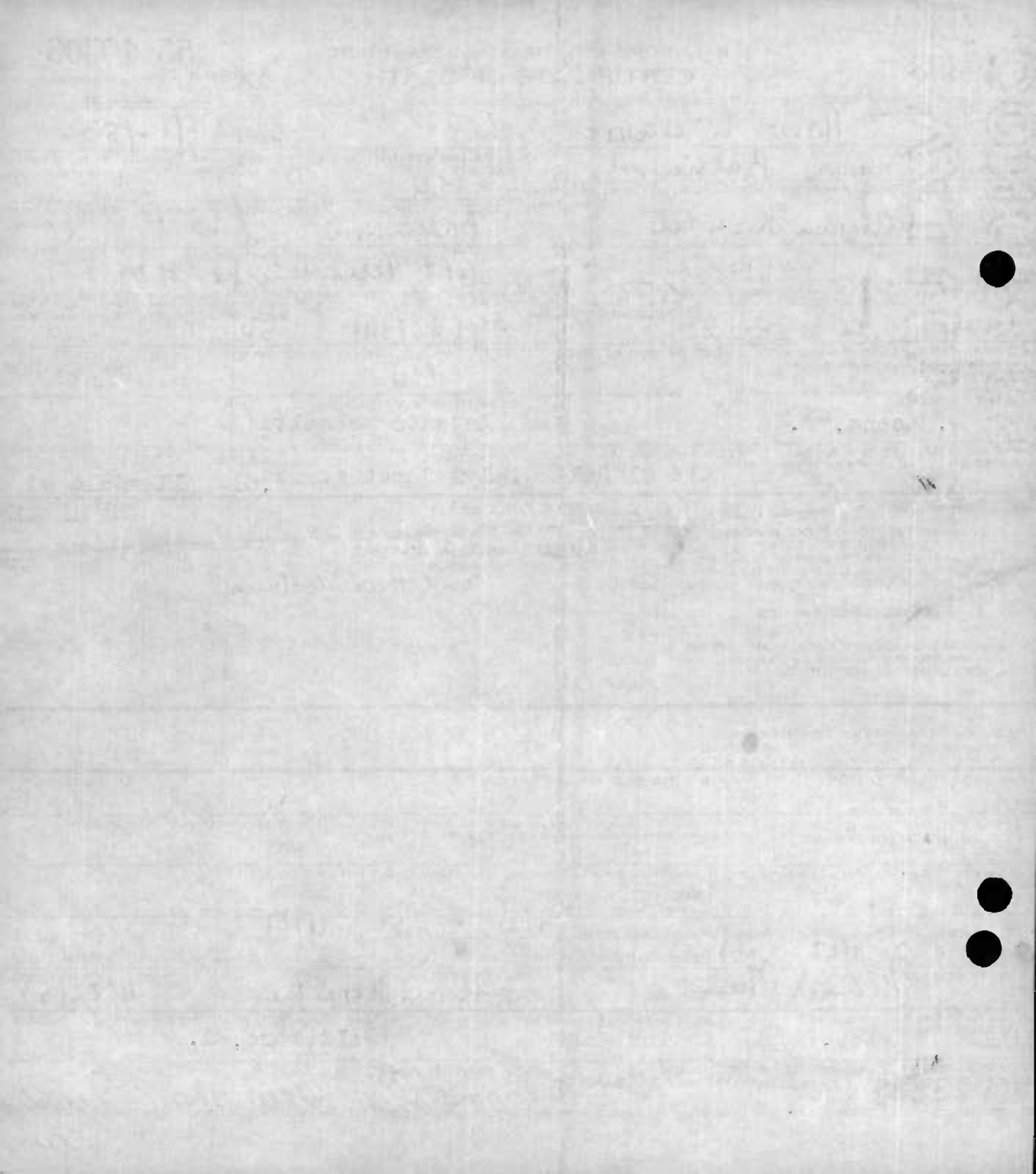
3 10303

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 10303

Registered No. _____

1. NAME OF DECEASED (Type or Print) Harry W. Loane Jr.		2. DATE OF DEATH 11/22/53	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY _____	
5. FULL NAME OF (If not in hospital or institution, give street address or location) Guthrie Hospital		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
7. Length of stay in Baltimore Life		8. STREET ADDRESS (If rural, give location) 617 Allendale Jr. #29	
9. SEX Male	10. COLOR OR RACE W.	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	12. DATE OF BIRTH Sept. 9, 1903
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter		14. AGE (In years last birthday) 50	
15. KIND OF BUSINESS OR INDUSTRY		16. BIRTHPLACE (State or foreign country) Md.	
17. CITIZEN OF WHAT COUNTRY? U.S.		18. MOTHER'S MAIDEN NAME Augusta Schmaltz	
19. FATHER'S NAME Harry W. Loane, Sr.		20. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No	
21. SOCIAL SECURITY NO. 216 01 3414		22. INFORMANT WIFE Gladys Jones Loane	
23. ADDRESS 617 Allendale St		24. CAUSE OF DEATH Bronchial asthma and Bronchiectasis	
25. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 241X		26. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II	
27. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		28. DATE OF OPERATION 0	
29. MAJOR FINDINGS OF OPERATION		30. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
31. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	32. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	33. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
34. TIME (Month) (Day) (Year) (Hour) OF INJURY	35. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	36. HOW DID INJURY OCCUR?	
37. I hereby certify that I attended the deceased from 11/21 , 19 53 , to 11/22 , 19 53 , that I last saw the deceased alive on 11/22 , 19 53 , and that death occurred at 7 a. m. , from the causes and on the date stated above.			
38. SIGNATURE Heinrich Hain		39. ADDRESS Guthrie Hospital	
40. DATE Nov. 25/53		41. LOCATION (City, town, or county) (State) Baltimore, Md.	
42. NAME OF CEMETERY OR CREMATORY Loudon Park		43. DATE SIGNED 11/22/53	
44. NOTE RECEIVED BY NOV 28 1953		45. REGISTRAR'S SIGNATURE Harry N. Wiffle	
46. FUNERAL DIRECTOR'S ADDRESS 4101 E. Dunderberg		47. ADDRESS 51024	



D-600
10304BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10304

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Derr, Mr. L. Hubert

2. DATE
OF
DEATH

Nov 20, 1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Church Home and Hospital

5. Length of stay in Baltimore

47 yrs

6. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Business Manager at Mt Wilson

8b. KIND OF BUSINESS OR
INDUSTRY

9. FATHER'S NAME

John Derr

10. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

Unknown

11. SOCIAL
SECURITY NO.

None

12. INFORMANT

Above

ADDRESS

✓

13. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Atelectasis

2 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Post-operative left Pneumectomy

3 days

DUE TO

(C)

Pulmonary Tuberculosis

13 yrs

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

Nov 17, 1953

19b. MAJOR FINDINGS OF OPERATION

Scarred Tuberculous Lung - left

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/13, 1953, to 11/20, 1953, that I last saw the
deceased alive on 11/20, 1953, and that death occurred at 2:50 P.m., from the causes and on the date stated above.

23a. SIGNATURE

I. Reed Carroll M.D.

23b. ADDRESS

Church Home and Hospital

23c. DATE SIGNED

11/20/53

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

11/24/53

24c. NAME OF CEMETERY OR CREMATORY

Holy Cross

24d. LOCATION (City, town, or county)

Baltimore, Ind.

(State)

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

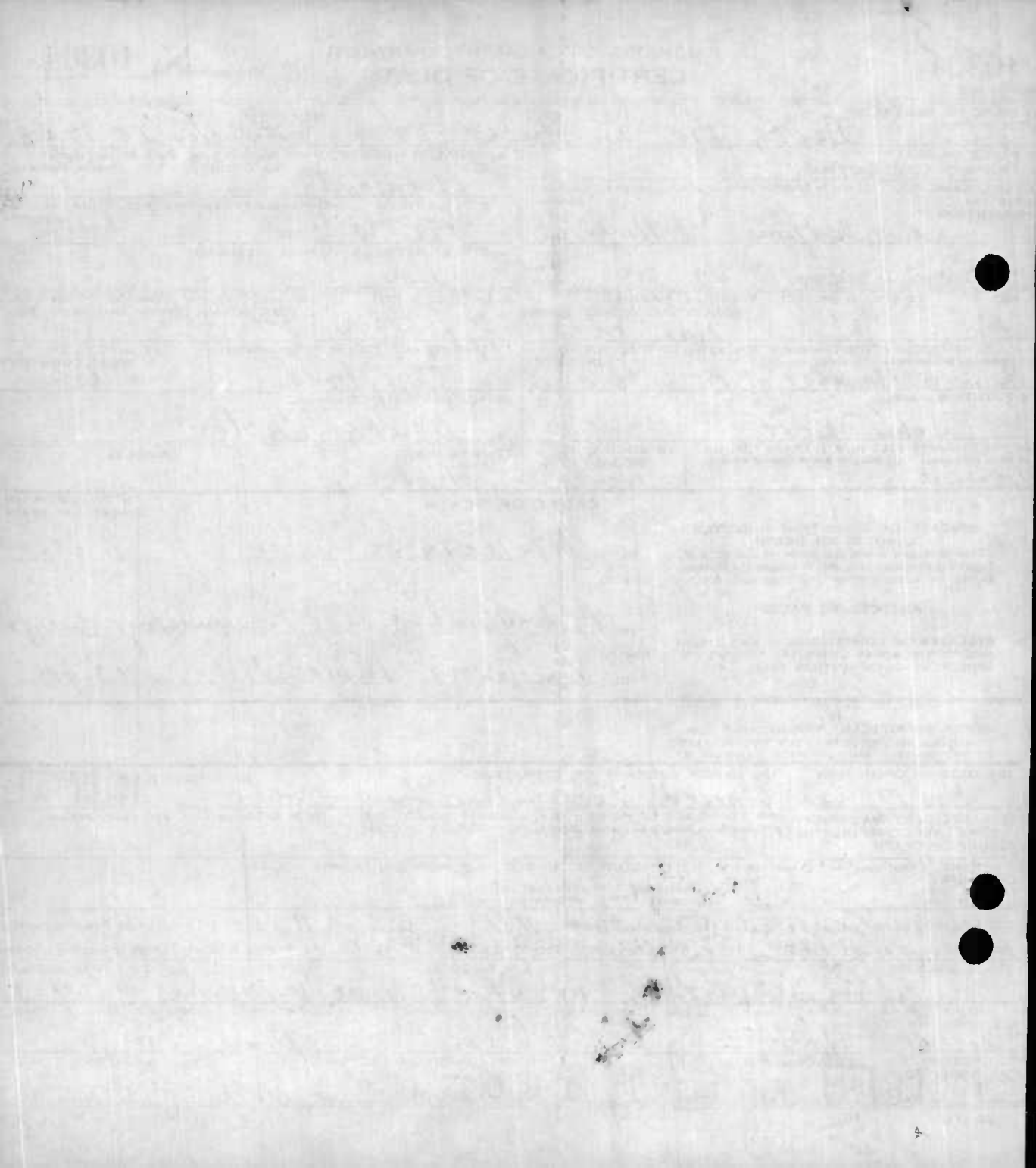
Huntington Williams, M.D. and H. Newell-Jenkins, M.D.

25. FUNERAL DIRECTOR

ADDRESS

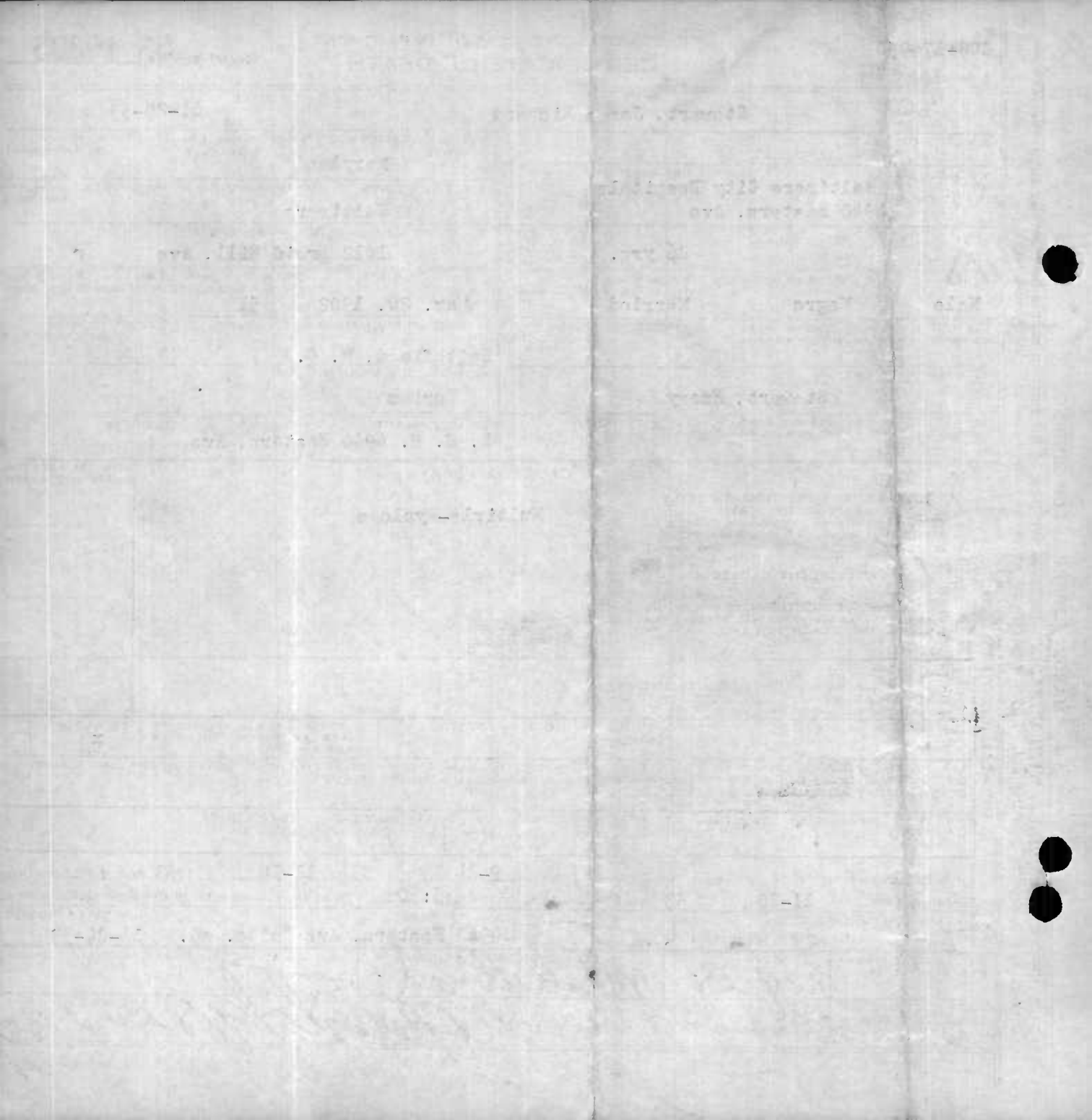
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 10305****53-363**
CCG-174950
53 10305

1. NAME OF DECEASED (Type or Print)		Stewart, James Richard		2. DATE OF DEATH 11-20-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern, Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore 26 yrs.		D. STREET ADDRESS (If rural, give location) 1012 Druid Hill, Ave			
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 20, 1902	9. AGE (In years, last birthday) 51	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Smithfield, N. C.	
13. FATHER'S NAME Stewart, Emery		14. MOTHER'S MAIDEN NAME Durham			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT B. C. H. 4940 Eastern, Ave	
18. 203X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Multiple-Myeloma DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 7		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 19.53 to 11-20, 1953	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-24 , 19 53 to 11-20 , 19 53 , that I last saw the deceased alive on 11-20 , 19 53 , and that death occurred at 5:30p m., from the causes and on the date stated above.					
23A. SIGNATURE <i>H. J. [Signature]</i>		23B. ADDRESS 4940 Eastern, Ave Balto. Md.		23C. DATE SIGNED 11-20-53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE Nov 24		24C. NAME OF CEMETERY OR CREMATORY mt Auburn	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR <i>[Signature]</i>		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR NOV 23 1953		REGISTRAR'S SIGNATURE <i>[Signature]</i>		ADDRESS	



W-425
53 10306BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10306
Registered No.

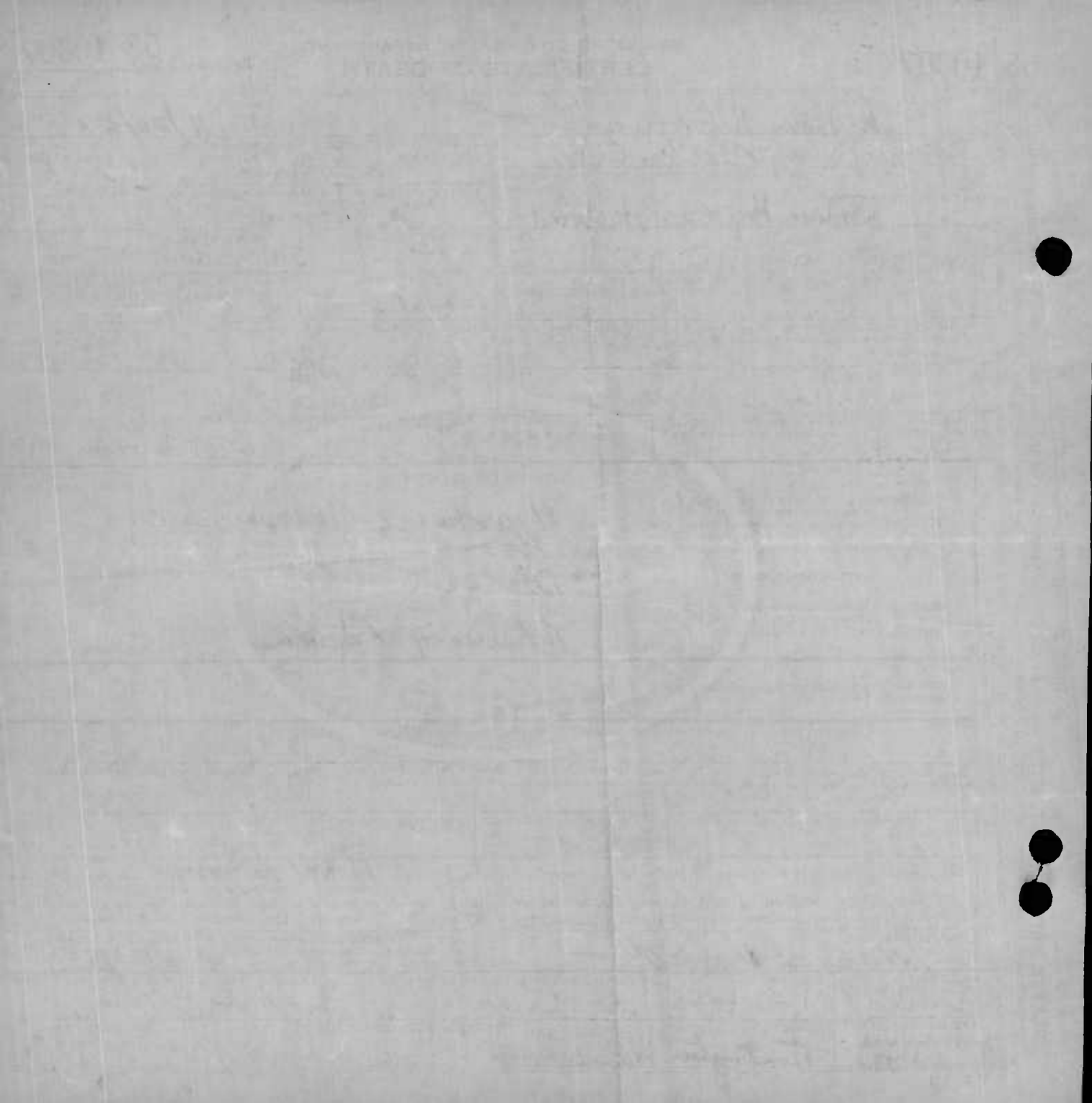
BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Bertha A. Wilson</i>		2. DATE OF DEATH <i>Nov 21, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>md.</i> B. COUNTY <i>12-04</i>		C. CITY OR TOWN - (If outside corporate limits, write RURAL, and give township) <i>Baltimore</i>	
8. FULL NAME OF HOSPITAL OR INSTITUTION <i>339 E. 22nd St</i>		D. STREET ADDRESS (If rural, give location) <i>339 E. 22nd St</i>		Yrs. Mos. Days	
c. Length of stay in Baltimore <i>5 yrs.</i>		5. SEX <i>Female</i>		6. COLOR OR RACE <i>Colored</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>		8. DATE OF BIRTH <i>Feb 29, 1898</i>		9. AGE (In years last birthday) <i>55</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Greenville N. C.</i>	
13. FATHER'S NAME <i>James Hopson</i>		14. MOTHER'S MAIDEN NAME <i>Maria Langley</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Ellen Lee Langley 1321 N. Caroline</i>	
18. <i>541X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cardiac Dilatation with Decompensation</i> DUE TO <i>Bronchial Asthma with Hypersecretion</i> DUE TO <i>Chron. Gastritis</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>(3 hours)</i>	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Nov 8</i> , 1953, to <i>Nov 21</i> , 1953, that I last saw the deceased alive on <i>11-20</i> , 1953, and that death occurred at <i>11-20</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Wm. R. Boykin M.D.</i>		23B. ADDRESS <i>1133 N. Monroe St</i>		23C. DATE SIGNED <i>11-22-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Nov 24/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus Mem. Park</i>	
24D. LOCATION (City, town, or county) (State) <i>Arbutus Md</i>		25. FUNERAL DIRECTOR ADDRESS <i>Huntington Williams, M.D. 1129 N. Caroline St</i>		25. FUNERAL DIRECTOR ADDRESS <i>Mrs. E. A. Elliott & Daughter</i>	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10307

53 10307
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>William H. Greene</u>			2. DATE OF DEATH <u>11/20/53</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Balti. City</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Johns Hopkins Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
C. Length of stay in Baltimore <u>13 yrs.</u>			D. STREET ADDRESS (If rural, give location) <u>909 N. Broadway</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Aug-13-87</u>		9. AGE (In years last birthday) <u>56</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Seaman</u>		10B. KIND OF BUSINESS OR OCCUPATION <u>Seaman</u>		11. BIRTHPLACE (State or foreign country) <u>Greensville, N.C., U.S.A.</u>	
13. FATHER'S NAME <u>William Green</u>			14. MOTHER'S MAIDEN NAME <u>Unknown</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Sullie Green</u> ADDRESS <u>909 N. Broadway</u>	
18. <u>443X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) <u>Hypertensive Cardiovascular Disease</u> DUE TO (B) <u>Disease</u> DUE TO (C) <u>Pulmonary Edema</u>		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Partial Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <u>William J. [Signature]</u>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>		23C. DATE SIGNED <u>11/21/53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>11-24-53</u>	24C. NAME OF CEMETERY OR CREMATORY <u>mt colony cms.</u>		24D. LOCATION (City, town, or county) (State) <u>Brooklyn Md</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>Nov 23 1953</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		25. FUNERAL DIRECTOR <u>W. Wilson</u>		ADDRESS <u>1225 Brantley</u>



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10308
Registered No.

B.620
53 10308 50-01432

BIRTH NO.

1. NAME OF DECEASED (Type or Print) DOROTHY Mae BROOKS		2. DATE OF DEATH Nov. 22, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY X	
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 3550 Round Road, Cherry Hill	
5. SEX F	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Child	8. DATE OF BIRTH 1/19/50
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10B. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 3 If Under 1 Year: Months: Days: Hours: Min.
13. FATHER'S NAME Isaiah Richardson		11. BIRTHPLACE (State or foreign country) Blatimore, City	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Mary Ann Brooks	
17. INFORMANT Mary Ann Brooks-3550 Round Rd.		ADDRESS	

MEDICAL CERTIFICATION

18. **E 816.4**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) **Multiple Skull Fractures**
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Furnace Branch Road & Ritchie Highway
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 11:00 P.M. Nov. 22, 1953	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Auto and Auto collision (Passenger)

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE
Joseph A. Joachim
M.D.

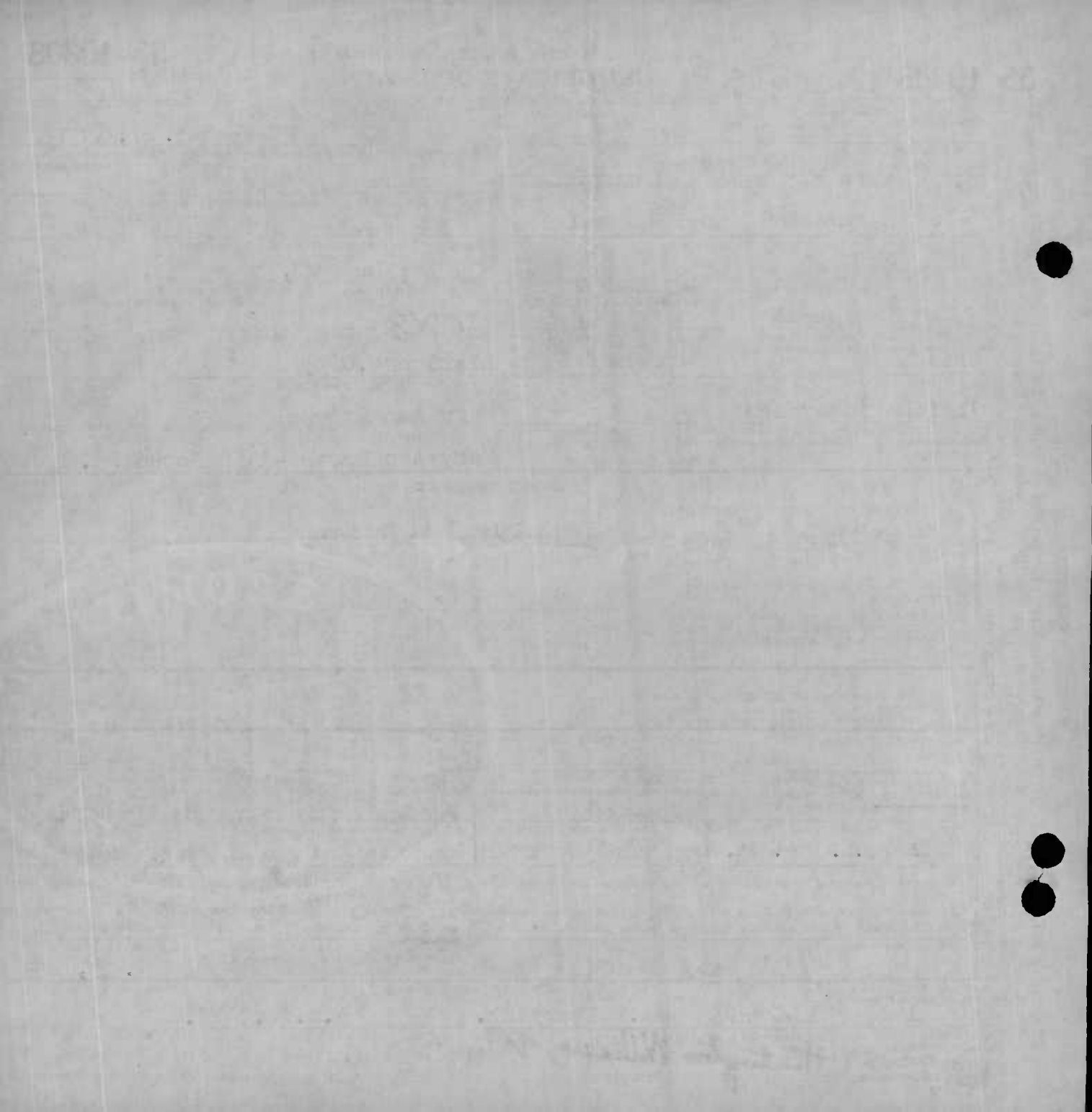
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED
Nov. 23, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/26/53	24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary Ct.	24D. LOCATION (City, town, or county) (State) A.A.Co., Md.
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DATE RECEIVED BY LOCAL REGISTRAR NOV 23 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR David L. Brown	ADDRESS 108 W. Montgomery St.
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VS 151 N 8032

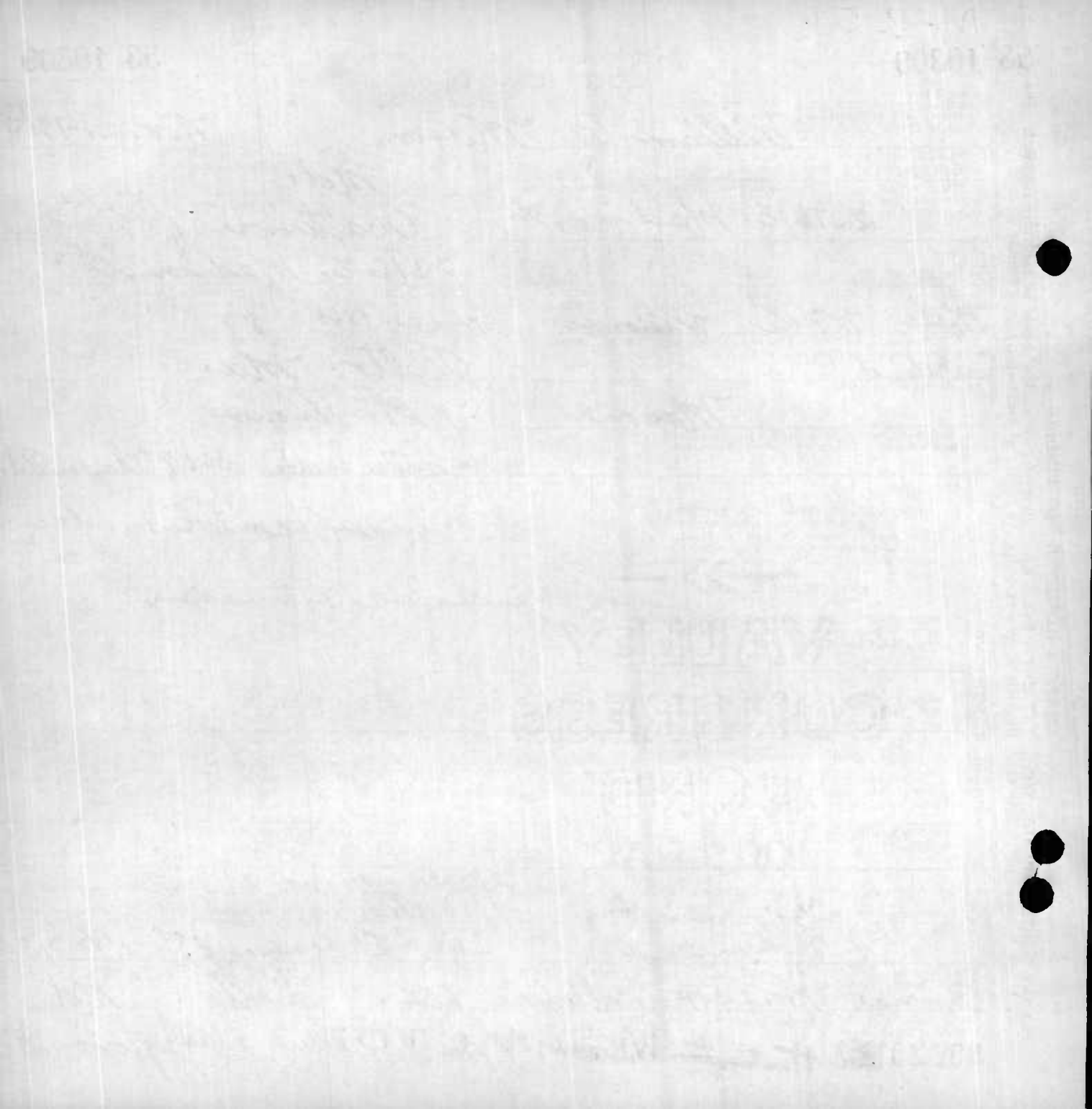


53

M-250
10309BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10309

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>William B. Mason</i>		2. DATE OF DEATH <i>Nov. 21-1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2316 E. Madison St.</i>		C. CITY OR TOWN (If outside corporate limits, write full name and give township) <i>Baltimore 7-03</i>			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>2316 E. Madison St.</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widower</i>	8. DATE OF BIRTH <i>June 22-1966</i>	9. AGE (In years last birthday) <i>87</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>	
13. FATHER'S NAME <i>Mason</i>		14. MOTHER'S MAIDEN NAME <i>Not known</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Mrs. Loretha Spedden 3607 Elkader Rd.</i>	
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Coronary Thrombosis</i>		(A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>1 day.</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO <i>Generalized arteriosclerosis</i>			
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION <i>0</i>		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		19c. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2/24</i> , 1951, to <i>Nov 21</i> , 1953, that I last saw the deceased alive on <i>Nov 20</i> , 1953, and that death occurred at <i>11 A</i> .m., from the causes and on the date stated above					
23a. SIGNATURE <i>D. J. Klines</i>		23b. ADDRESS <i>2623 E. Waverly St.</i>		23c. DATE SIGNED <i>11/23/53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Nov. 24-1953</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Baltimore Cem.</i>	
24d. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>		24e. NAME OF CEMETERY OR CREMATORY <i>Balto. Md.</i>		24f. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 23 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR ADDRESS <i>W. H. Miller 2334 Jefferson St.</i>	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 10310**BIRTH NO. **53 10310**1. NAME OF DECEASED
(Type or Print)**Ellen Lloyd Goldsborough**2. DATE
OF
DEATH**June Nov. 23, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Baltimore, Maryland**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland** B. COUNTY **Preston Apts.**

B. FULL NAME OF HOSPITAL OR INSTITUTION

Womens Hospital of Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Preston & Gifford Ave.

C. Length of stay in Baltimore

Months

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

June 18, 1868

9. AGE (In years last birthday)

85

If Under 1 Year

Months

If Under 24 Hours

Hours

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles Goldsborough

14. MOTHER'S MAIDEN NAME

Mary Galt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Miss ANN Purnell (Niece) Preston Apts, Preston Gifford Ave.18. **154X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Peritonitis

INTERVAL BETWEEN ONSET AND DEATH

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Paralytic - Ileus**4 months**

CUE TO

(C)

Carcinoma of Rectum**6 months**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

senile arteriosclerosis**3 yrs**

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **11/21**, 19**53**, to **11/22**, 19**53**, that I last saw the deceased alive on **11/21**, 19**53**, and that death occurred at **6:55** P. M., from the causes and on the date stated above.

23A. SIGNATURE

Elizabeth Beare Reinman, M.D.

23B. ADDRESS

Womens Hospital

23C. DATE, SIGNED

11/22/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 23 1953 **Antington Williams, M.D.** **W. H. Williams & Sons Co 4905 York Rd.**

018175

018175



W-456

53 10311

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10311

BIRTH NO.		1. NAME OF DECEASED (Type or Print) GRACE L. WELLMORE		2. DATE OF DEATH Nov 21/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY		C. CITY OR TOWN (If outside corporate limits, write "U.S." and give township) Baltimore 11-02	
B. FULL NAME OF HOSPITAL OR INSTITUTION 117 W Lafayette An		D. STREET ADDRESS (If rural, give location) 117 W Lafayette Ave		Yrs. Mos. Days	
c. Length of stay in Baltimore		5. SEX F. 6. COLOR OR RACE W. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH May 17 1865 9. AGE (In years last birthday) 88	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) md	
12. CITIZEN OF WHAT COUNTRY? USA.		13. FATHER'S NAME Edward Harwood Wellmore		14. MOTHER'S MAIDEN NAME Josephine Maher	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. ---		INFORMANT, ADDRESS Miss Bessie L. Clark Same	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) Chronic myocarditis DUE TO		INTERVAL BETWEEN ONSET AND DEATH unknown	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Arteriosclerosis DUE TO		unknown	
(C) ---					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from Sept 1 , 1953, to Nov 20 , 1953, that I last saw the deceased alive on Nov 20 , 1953, and that death occurred at 7 A m., from the causes and on the date stated above.		23A. SIGNATURE Chas. R. Gonsbrough, Jr. M. D.	
23B. ADDRESS 2923 N. Paul St		23C. DATE SIGNED 11/21/53		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE Nov 24 1953		24C. NAME OF CEMETERY OR CREMATORY New Cathedral		24D. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 23 1953		REGISTRAR'S SIGNATURE Wilmington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS St. Lukes & Sons Co 490 York Rd.	

Dr. Chas R. Goldsborough
2923 St Paul
Be 5-2256

P-200
53 10312BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10312

BIRTH NO.			1. NAME OF DECEASED (Type or Print) Pech, Olive			2. DATE OF DEATH 11-22-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Ind. B. COUNTY					
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital			C. CITY OR TOWN Baltimore			D. STREET ADDRESS (If rural, give location) 3408 Benden Ave - 13		
c. Length of stay in Baltimore			Yrs. Mos. Days			5. SEX F 6. COLOR OR RACE W 7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY At Home			8. DATE OF BIRTH March 7, 1877 9. AGE (In years, last birthday) 76		
13. FATHER'S NAME John Pech			14. MOTHER'S MAIDEN NAME Ellie Conklin			11. BIRTHPLACE (State or foreign country) Wisconsin 12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 905-03-9033			17. INFORMANT George Pech - 4021 Linden Lane ADDRESS		
18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH respiratory arrest					
ANTECEDENT CAUSES			DUE TO Cerebrovascular accident					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			DUE TO					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED			IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21F. HOW DID INJURY OCCUR?			22. I hereby certify that I attended the deceased from 11-21-53 , 19 53 to 11-22 , 19 53 , that I last saw the deceased alive on 11-22 , 19 53 , and that death occurred at 9:10 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Robert W. Ireland			23B. ADDRESS Sinai Hospital			23C. DATE SIGNED 11-22-53		
24A. BURIAL, CREMATION, REMOVAL (Specify)			24B. DATE 11-25-1953			24C. NAME OF CEMETERY OR CREMATORY Balto Cemetery North Ave. - Balto. Md.		
DATE RECEIVED BY LOCAL REGISTRAR NOV 23 1953			REGISTRAR'S SIGNATURE Huntington Williams			FEDERAL DIRECTOR'S ADDRESS John C. Milly Inc. 2421 E. Olive St		

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10313

W-420
53 10313
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Walsh Catherine Mary</i>			2. DATE OF DEATH <i>11-22-53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balt.</i>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>2715 Fenwick Ave</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Mar. 25-1875</i>	9. AGE (In years last birthday) <i>78</i>	10 Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>AT home</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Baltimore Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>Edward Barron</i>			14. MOTHER'S MARRIED NAME <i>Mary Whalen</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Andrew J. (husband) Stone</i>		

18. *420.0*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH.
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) *Arterio Sclerotic Heart disease 2 days.*
 DUE TO *with possible myocardial infarction or possible rupture of artery.*
 (B) *dissecting*
 DUE TO *congestive heart failure, shunt.*
 (C) *probable CVA.*

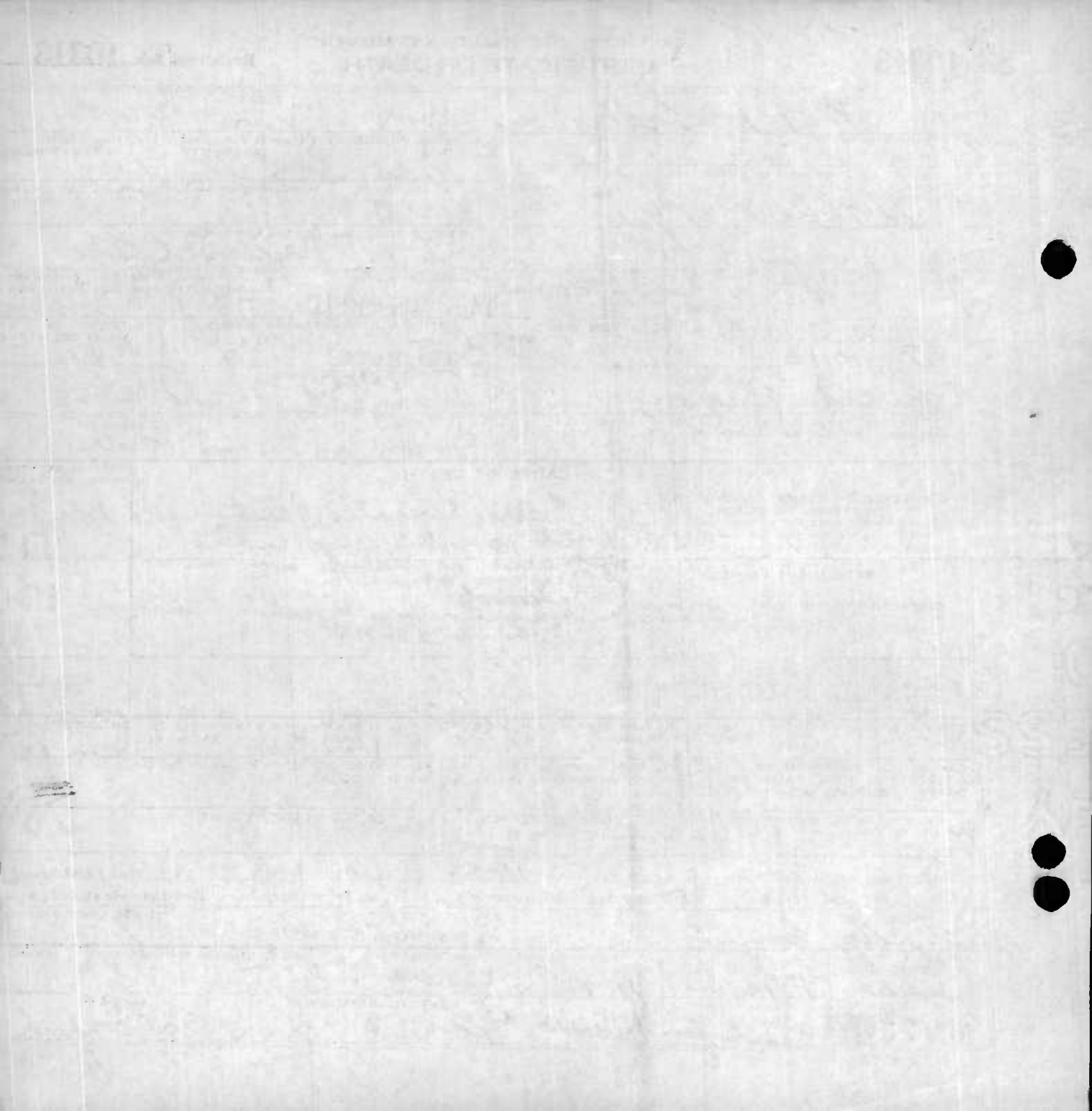
II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>0</i>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *11-22*, 19*53*, to *11-22*, 19*53*, that I last saw the deceased alive on *11-22*, 19*53*, and that death occurred at *12* m., from the causes and on the date stated above.

23A. SIGNATURE <i>L. Philip Bonils</i>	M. D.	23B. ADDRESS <i>University Hosp.</i>	23C. DATE SIGNED <i>11-22-53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>11-26-53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral</i>	24D. LOCATION (City, town, or county) (State) <i>Balto Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 23 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Leonard J. Ruck</i>	
ADDRESS <i>5305 Bayford</i>			



53 10314

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10314

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM A. COLE

2. DATE
OF
DEATH

11/22/53

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE Maryland B. COUNTY Baltimore

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Sinai Hospital

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

Yrs.
Mos.
Days

d. STREET ADDRESS (If rural, give location)

3020 Woodland Ave

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Jan. 14, 1880

9. AGE (In years
last birthday)

73

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Maintenance

10b. KIND OF BUSINESS OR
INDUSTRY

Butter Bros

11. BIRTHPLACE (State or foreign country)

Balt Co. Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

John Thomas Cole

14. MOTHER'S MAIDEN NAME

Louise Fouble

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

216-05-2020

17. INFORMANT

Josephine A. Cole

ADDRESS

3020 Woodland Ave

18. 443x and 154x
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

Carcinoma of Rectum

19a. DATE OF OPERATION

0

19b. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/15, 1953, to 11/22, 1953, that I last saw the
deceased alive on 11/22, 1953, and that death occurred at 9:45 m., from the causes and on the date stated above.

23a. SIGNATURE

William Lorman M.D.

23b. ADDRESS

Sinai Hospital

23c. DATE SIGNED

11/22/53

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

Nov 25/53

24c. NAME OF CEMETERY OR CREMATORY

Druce Ridge

24d. LOCATION (City, town, or county)

Pikassville Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Antington Waugus

25. FUNERAL DIRECTOR

Spring Myers

ADDRESS

5005 E. Fyler

NOV 23 1953
VS 150

554-68

Balt. Md.

1881 25

1881 25

6 7



0-200

53 10315

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10315

1. NAME OF DECEASED
(Type or Print)

Catherine Cascio

2. DATE
OF
DEATH

Nov. 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2561 Edmondson Ave.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

Life

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House Wife

10B. KIND OF BUSINESS OR INDUSTRY

Home

13. FATHER'S NAME

Philip Giglio

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give year or dates of service)

No

No

16. SOCIAL SECURITY NO.

No

8. DATE OF BIRTH

10/9/1868

9. AGE (In years last birthday)

85

If Under 1 Year
Months Days Hours Min.

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Lucia Cittiano

17. INFORMANT

ADDRESS

Mrs. Mary Alascio 2561 Edmondson Ave.

18. 422.2 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1950 to Nov 23, 1953 that I last saw the deceased alive on Nov 23, 1953, and that death occurred at 8 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11.25.53

New Cathedral

Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 23 1953

Tunington Williams, M.D.

John D. Stanbury 2700 Edmondson Ave.

7. *Journal of the American Medical Association*, 277, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674,

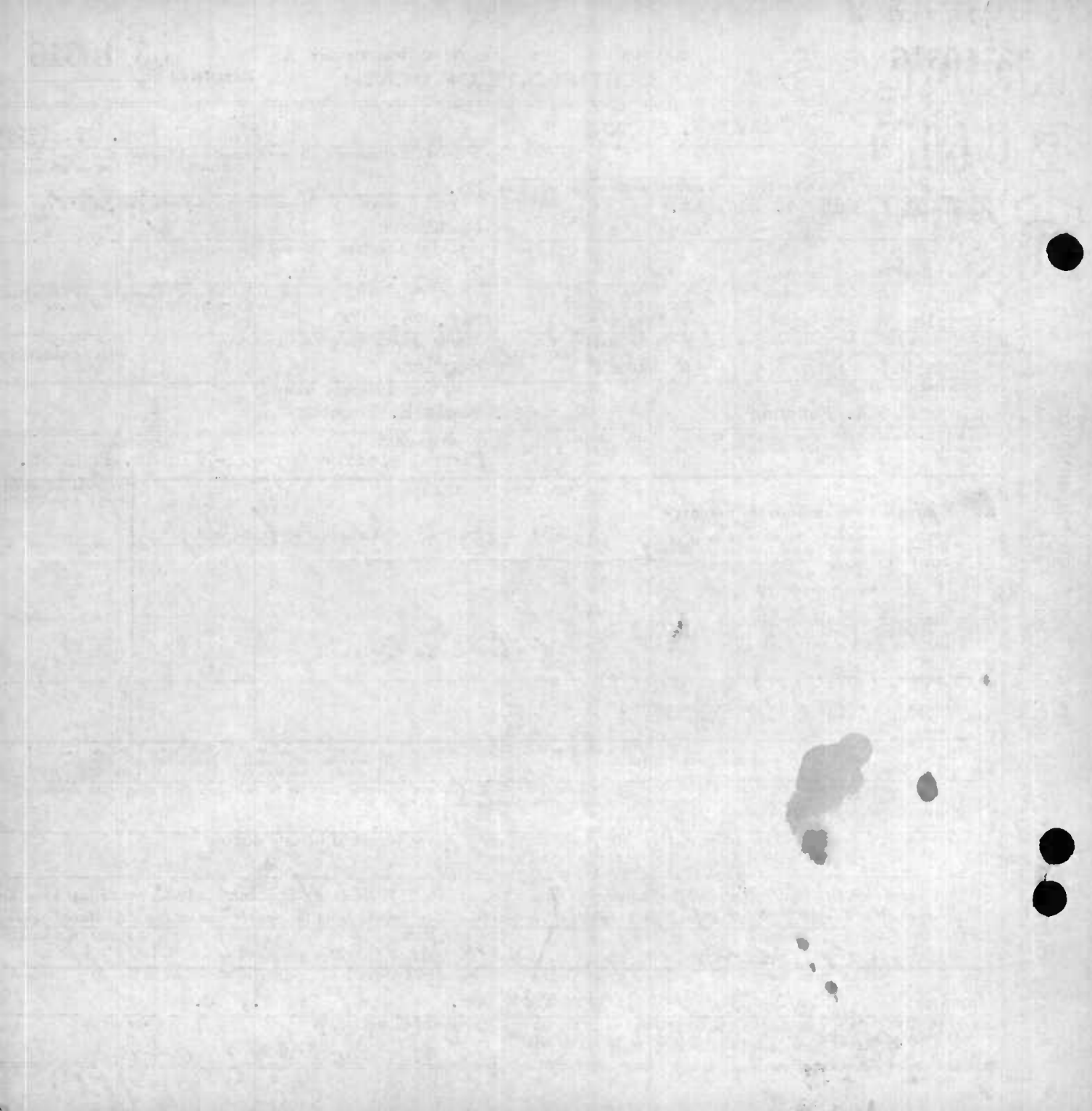
2453

(continued)

P-654
53 10316BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

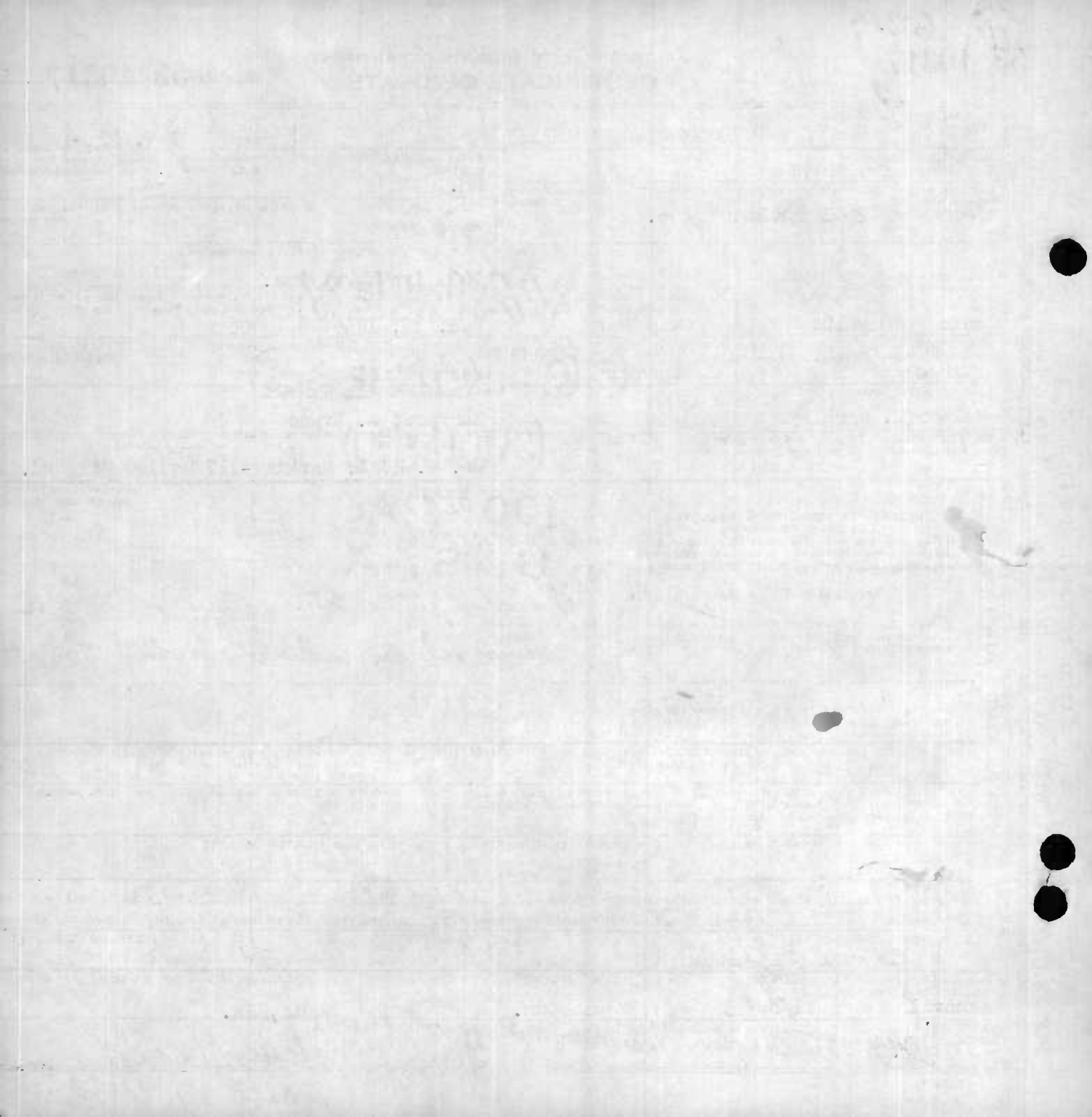
Registered No. 53 10316

BIRTH NO.			1. NAME OF DECEASED (Type or Print) CARRIE E. PURNELL			2. DATE OF DEATH Nov. 22, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE Md. B. COUNTY 12-05					
B. FULL NAME OF HOSPITAL OR INSTITUTION 2014 St. Paul St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			D. STREET ADDRESS (If rural, give location) 2014 St. Paul St.		
c. Length of stay in Baltimore Yrs. Mos. Days			5. SEX female			6. COLOR OR RACE white		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed			8. DATE OF BIRTH Mar. 26, 1871			9. AGE (In years last birthday) 82		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY at Home			11. BIRTHPLACE (State or foreign country) Maryland		
13. FATHER'S NAME Alexander W. Furness			14. MOTHER'S MAIDEN NAME Maria H. Phoebe			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO. no			17. INFORMANT ADDRESS Miss Christine Purnell-2014 St. Paul St.		
18. 231X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) cerebral hemorrhage DUE TO (B) arteriosclerosis DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION none			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED —			IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21F. HOW DID INJURY OCCUR?			22. I hereby certify that I attended the deceased from 1942 to Nov 22, 1953 , that I last saw the deceased alive on about 11/11, 1953 , and that death occurred at 11:20 p. m. , from the causes and on the date stated above.					
23A. SIGNATURE Wm B Seale			23B. ADDRESS 514 Med Arts Bldg.			23C. DATE SIGNED 11/23/53		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 11/24/53			24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.		
24D. LOCATION (City, town, or county) (State) Balto., Md.			25. FUNERAL DIRECTOR Wm. J. Thomas & Sons			ADDRESS Balto. 17, Md.		
DATE RECEIVED BY LOCAL REGISTRAR NOV 23 1953			REGISTRAR'S SIGNATURE Wm. J. Thomas			26. ADDRESS		



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 10317

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		HARRY ATWOOD MARKLEY		Nov. 22, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Md.		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2601 Lyndhurst Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2601 Lyndhurst Ave.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Dec. 19, 1866	9. AGE (In years last birthday) 86	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY Contractor	11. BIRTHPLACE (State or foreign country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Walter W. Markley			14. MOTHER'S MAIDEN NAME Margaret L. Evans		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. none	17. INFORMANT ADDRESS Mr. C. H. A. Markley-117 Mallow Hill Rd.		
18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) <u>Myocardial Infarction</u> DUE TO (B) <u>Chronic congestive ht. failure</u> DUE TO (C) <u>arterio-sclerotic cardio-vascular disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>20 min</u> <u>3 yrs</u> <u>5 yrs +</u>
19A. DATE OF OPERATION <u>None</u>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>5/28, 1950</u> to <u>11/22, 1953</u> , that I last saw the deceased alive on <u>11/22, 1953</u> and that death occurred at <u>4:30</u> Am., from the causes and on the date stated above.					
23A. SIGNATURE <u>R. Maurice Feldman</u>		23B. ADDRESS <u>The Latrobe, Charles St. Balto</u>		23C. DATE SIGNED <u>11/23/53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE <u>11/24/53</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Media Cem.</u>	
24D. LOCATION (City, town, or county) <u>Media, Pa.</u>		24E. NAME OF CEMETERY OR CREMATORY <u>Media, Pa.</u>		24F. LOCATION (City, town, or county) <u>Media, Pa.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>NOV 23 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		25. FUNERAL DIRECTOR ADDRESS <u>Dr. J. Dickener & Sons</u> <u>Balto. 17, Md.</u>	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10318

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EASTER

GLENN

2. DATE
OF
DEATH

Nov. 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Belts, City*

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1820 Rutland Ave.

c. Length of stay in Baltimore

11 yrs,

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

col.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

April 10, 1923

9. AGE (In years
last birthday)

30

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Florence S.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Arthur McCary

14. MOTHER'S MAIDEN NAME

Seedan McCary

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.17. INFORMANT
S. Glenn 1820 Rutland Ave

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive cerebralvascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph G. Jachimek M.D.

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☐MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Nov. 23, 1953

24A. BURIAL OR MA-
TION, REMOVAL (Specify)

24B. DATE

11-27-53

24C. NAME OF CEMETERY OR CREMATORY

Salem cem.

24D. LOCATION (City, town, or county)

Florence S.C.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams

25. FUNERAL DIRECTOR

Ervin O. Wilson

ADDRESS

1000 Beauty

-315

10319

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53-10319

NAME OF DECEASED
(Type or Print)

STEVENSON, Mary Elizabeth

2. DATE
OF
DEATH

Nov 22 1953

PLACE OF DEATH:

Baltimore City, Maryland UMH

FULL NAME OF (If not in hospital or institution, give street address or location)

Union Memorial Hospital

Age of stay in Baltimore

71 years

Yrs.
Mos.
Days

SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

UMH canteen worker

10B. KIND OF BUSINESS OR
INDUSTRY

9. FATHER'S NAME

George Eddy Stevenson

11. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)12. SOCIAL
SECURITY NO.13. INFORMANT
ADDRESS

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebro-Vascular Accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertension

DUE TO

(C) Arteriosclerosis

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 21 Nov 1953, to 22 Nov 1953, that I last saw the
deceased alive on 22 Nov 1953, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

LOCAL REGISTRAR

John A. Mitchell & Sons, Inc. - 1900 Putaw Place

690 SW

0150

0150



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 10320**

462
BIRTH NO. **3 10320**

1. NAME OF DECEASED (Type or Print) CLARK, Amelia, Mrs.		2. DATE OF DEATH 11-22-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, UNH B. FULL NAME OF (If not in hospital or institution, give street address or location) Union Memorial Hospital		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY city C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore D. STREET ADDRESS (If rural, give location) 4208 N. Charles Street	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W. loved	8. DATE OF BIRTH 12-26-61
9. AGE (in years last birthday) 91		10. UNDER 1 Year Months: Days: Hours: Min.	11. BIRTHPLACE (State or foreign country) U.S. - Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME Peter Goldhammer	
14. MOTHER'S MAIDEN NAME Elisabeth Wagner		15. INFORMANT ADDRESS 301 Mr. Octavius W. Clark - 4208 N. Charles	
16. SOCIAL SECURITY NO.		17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	
18. 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypostatic Pneumonia DUE TO Diabetes Mellitus Generalized Arteriosclerosis Arteriosclerosis ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 7 Nov 1953 , to 22 Nov 1953 , that I last saw the deceased alive on 21 Nov 1953 , and that death occurred at 1:45 Am. , from the causes and on the date stated above.	
23A. SIGNATURE Donald B. Brermy		23B. ADDRESS Union Memorial	
23C. DATE SIGNED 11-22-53		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE 11-24-53		24C. NAME OF CEMETERY OR CREMATORY Loudon Park	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR John O. Mitchell & Sons, Inc.	
25. ADDRESS 1900 Eutaw Place		26. SIGNATURE John O. Mitchell	

V-320

10321

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10321

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MABEL WATTS

2. DATE
OF
DEATH

11-20-53

3. PLACE OF DEATH:

a. Baltimore City, Maryland BALTIMORE

b. FULL NAME OF (If not in hospital or institution, give street address or location)

1106 SHIELDS PLA.

c. Length of stay in Baltimore

40

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

COL

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

DOMESTIC

10b. KIND OF BUSINESS OR
INDUSTRY

HOUSE WKG.

9. FATHER'S NAME

SAMUEL WATTS

LA

5. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

MARYLAND

B. COUNTY

C. CITY OR TOWN

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1106 SHIELDS PLA.

8. DATE OF BIRTH

7/15/91

9. AGE (In years
last birthday)

62

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

OHIO

12. CITIZEN OF
WHAT COUNTRY?

U. S. A

14. MOTHER'S MAIDEN NAME

MADORA. ? OHIO

17. INFORMANT

ADDRESS

ARTHUR WATTS. 415 PENN. AVE. SCRANTON, PA.

18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TOHypertensive Cardis -
Vascular Disease 1 yrINTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21f. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from 10-21, 1953 to 11-20, 1953 that I last saw the
deceased alive on 11-18, 1953 and that death occurred at 1030 P.M., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

4a. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24b. DATE

11-25/53

24c. NAME OF CEMETERY OR CREMATORY

MT. AUBURN CEM

24d. LOCATION (City, town, or county)

BALTO

(State)

MD

DATE RECEIVED BY
LOCAL REGISTRAR

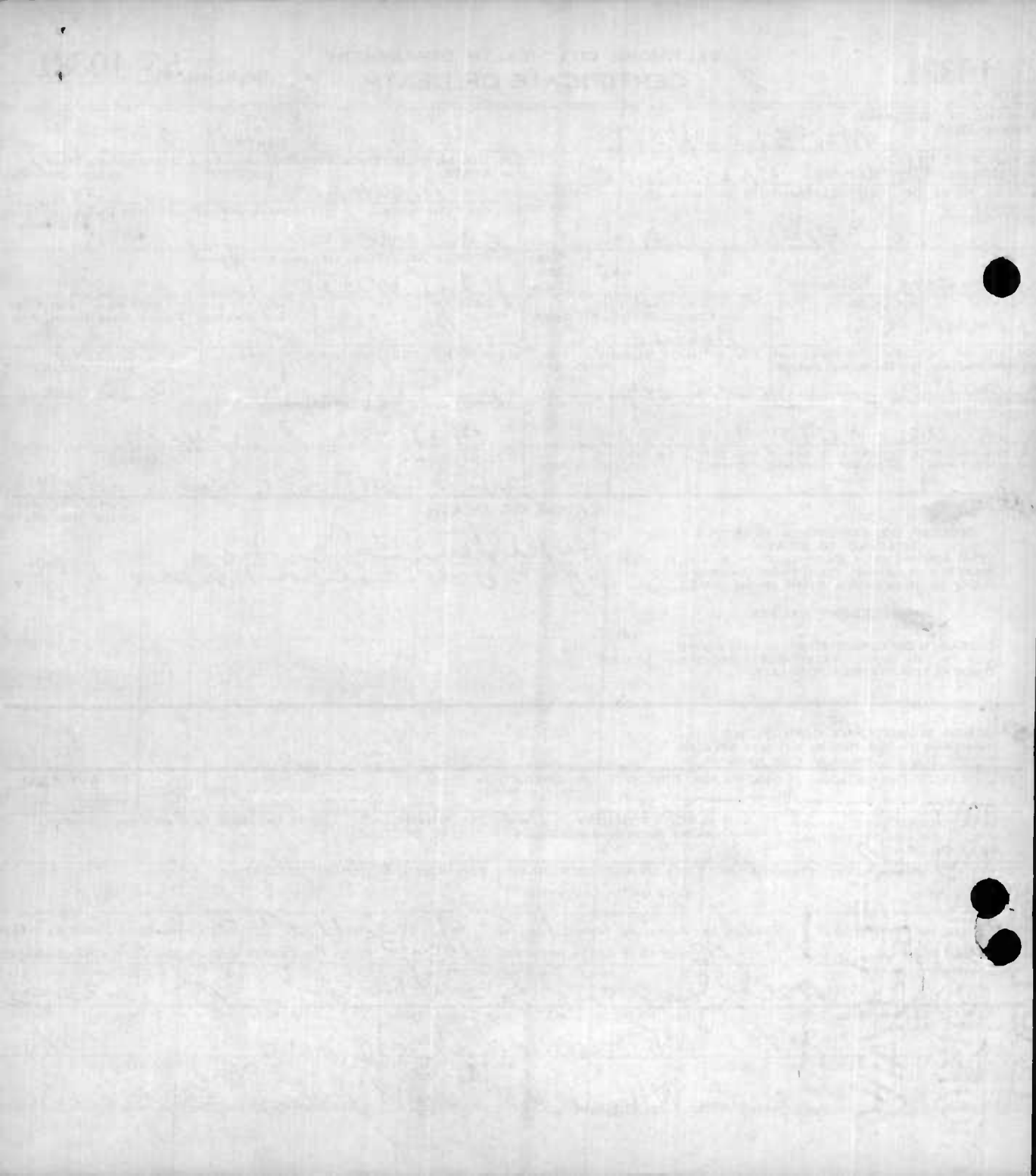
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 23 1953

Huntington Williams, 916 Perma ave

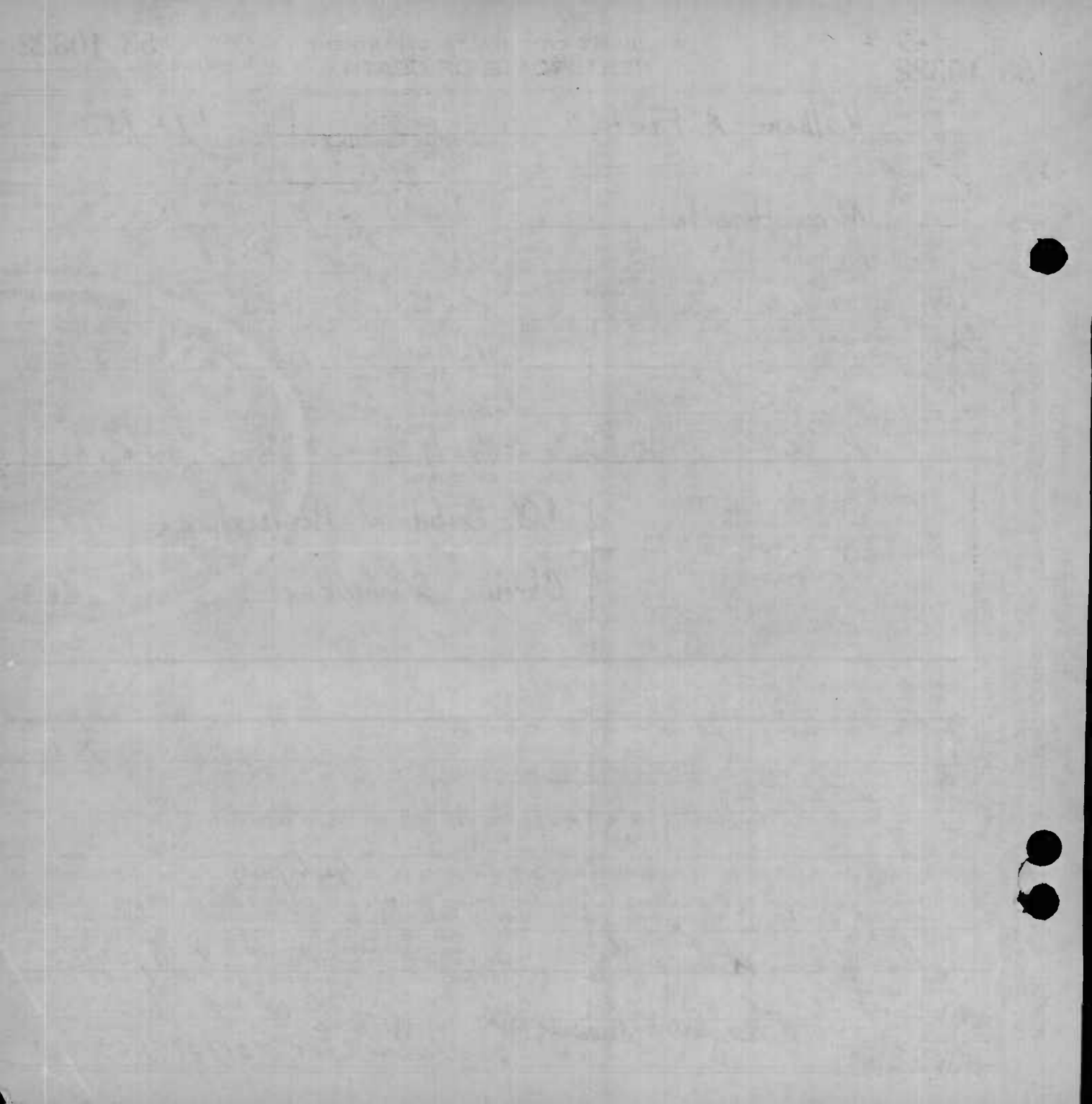


PLEASE WRITE LEGIBLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 10322**

1. NAME OF DECEASED (Type or Print) William A. Foutz			2. DATE OF DEATH 11/21/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-05		
C. Length of stay in Baltimore 2 Yrs. 4 Mos. 5 Days			D. STREET ADDRESS (If rural, give location) 1803 N. Calvert. St.		
5. SEX M.	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	B. DATE OF BIRTH March 3 1920	9. AGE (In years last birthday) 33	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Machinist		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Petersburg Va.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Ohio Foutz			14. MOTHER'S MAIDEN NAME Ellie Owens Lane		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) World War II		16. SOCIAL SECURITY NO. 324-05-9958	17. INFORMANT ADDRESS Mrs. Marion Allison Suffolk Va.		
18. 321X and 322.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) PEX. Subdural Hemorrhage DUE TO Chronic Alcoholism			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input checked="" type="checkbox"/>					
23A. SIGNATURE William Howard		23B. CHIEF MEDICAL EXAMINER M.D. William Cook		23C. DATE SIGNED 11/22/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov. 25-53	24C. NAME OF CEMETERY OR CREMATORY Blandford	24D. LOCATION (City, town, or county) (State) Petersburg Va.		
DATE RECEIVED BY LOCAL REGISTRAR NOV 23 1953	REGISTRAR'S SIGNATURE William Howard	25. FUNERAL DIRECTOR William Cook		ADDRESS 1217 St Paul St	



CERTIFICATE CORRECTED 1-8-54
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **53 10323**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) **DUNN, Grover W**2. DATE OF DEATH **Nov 23, 1953**3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland**
B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 10-01**28 University Hospital**D. STREET ADDRESS (If rural, give location)
502 E Chase St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

W7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Divorced8. DATE OF BIRTH **1910**9. AGE (In years last birthday) **42**

If Under 1 Year Months: Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. NAME OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
U S A.12. CITIZEN OF WHAT COUNTRY?
US

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. **445X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) **Malignant hypertension****8-10 months**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Necrotizing arteriolitis**

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.**Empyema - left pleural space**

19A. DATE OF OPERATION

11-3-53

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

Adrenectomy for hypertension

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **11-1-1953**, to **11-23-1953** that I last saw the deceased alive on **11-23-1953** and that death occurred at **9:45 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

Philip Shanley

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

11-23

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

HAGERSTOWN, Md

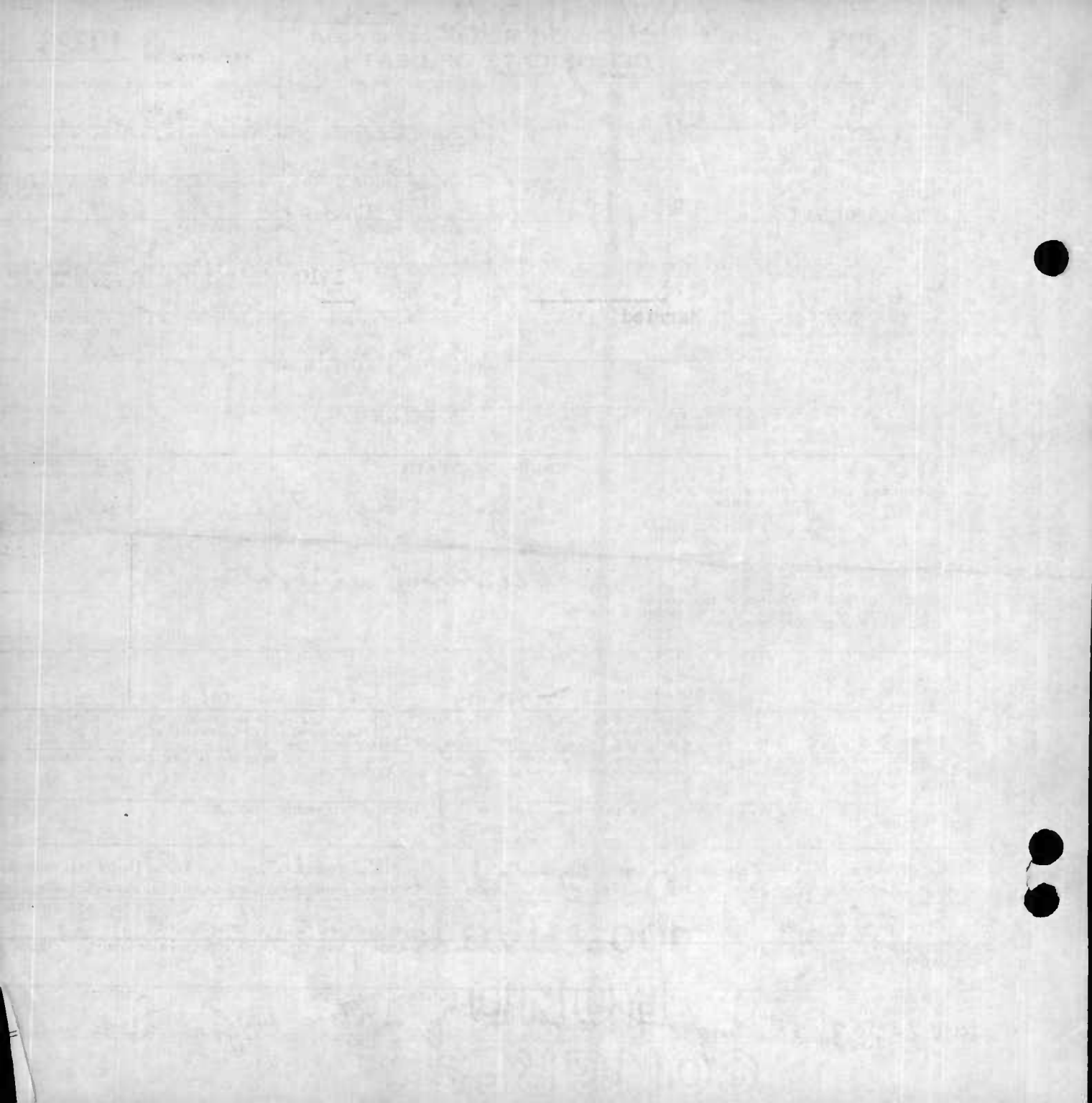
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 24 1953**Huntington Williams****305 N. Colonial St. Hagerstown, Md.**



CERTIFICATE OF DEATH

Reg. Dist. No. 53 10324

1. PLACE OF DEATH:

COUNTY BALTO.

MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) CATONSVILLE

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS HOODS NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MD.COUNTY BALTO.CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE 5200STREET ADDRESS (If rural give location) 216 WEST SHIRE RD.

3. NAME OF DECEASED:

(First)

(Middle)

(Last)

4. DATE OF DEATH:

(Month)

(Day)

(Year)

(Type or Print)

LILLIEL.GARRIGAN11-191953

5. SEX:

6. COLOR OR RACE:

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH:

9. AGE last birthday:

IF UNDER 1 YEAR IF UNDER 24 HRS.

Months Days Hours Min.

FWWIDOWEDSEPT. 13, 187479 yrs.

10a. USUAL OCCUPATION..Give kind of work done during most of working life, even if retired):

MATRON

10b. KIND OF BUSINESS OR INDUSTRY:

WHOLESALE DEPT. STORE

11. BIRTHPLACE (State or foreign country):

MD.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME:

TIMOTHY CAREY

14. MOTHER'S MAIDEN NAME:

ANNIE E. HANLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

216-03-5977

17. INFORMANT & ADDRESS:

Mrs. Harry H. Wilson - 216 Westshire Rd.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause

(a)

Coronary thrombosis and occlusion1 day.

Antecedent causes (s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO

(b)

Advanced arteriosclerotic and

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14 Nov., 1953, to 19 Nov., 1953, that I last saw the deceasedalive on 18 Nov., 1953, and that death occurred at 9:20 AM, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Emil J. Henning, Jr. M.D.601 W. Maus Way (29)21 Nov 53

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

Burial11-23-53Catholic Cem.Balto.Ind.

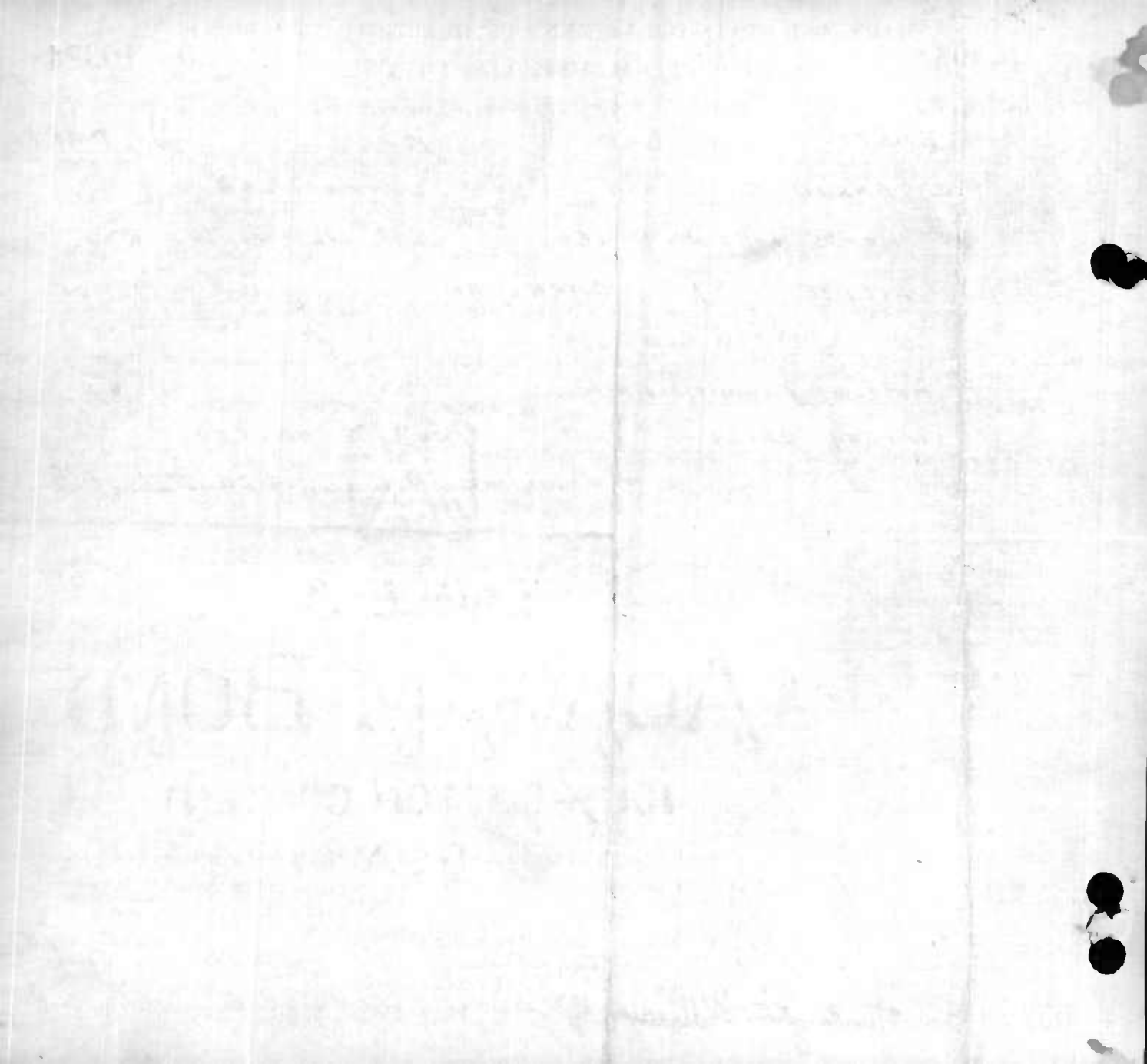
DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

NOV 24 1953Huntington Williams, M.D.George S. Farley - Catonsville, Md.



G-654

53 10325

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10325

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ethel Greenwald

2. DATE
OF
DEATH

11-23-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Doctors Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

15-11

D. STREET ADDRESS (If rural, give location)

3419 Daffield Ave

C. Length of stay in Baltimore

49

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, (MARRIED)
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

50

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Leizer Stul

14. MOTHER'S MAIDEN NAME

Zippel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Harry Greenwald - 3419 Daffield Ave

18. 332X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Thrombosis

DUE TO

ANTECEDENT CAUSES

(B)

Arteriosclerosis

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic Cardiovascular Disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 11-20-1953, to 11-23-1953, that I last saw the
deceased alive on 11-23, 1953, and that death occurred at 1:40 pm., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S

ADDRESS

NOV 24 1953

Huntington Williams

Leizer Stul

2100 Euteria Pl

Sever

H. B. Leonard

0220

H-615
53 10326BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10326
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) WILLIAM HARVIN			2. DATE OF DEATH H-23-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY					
B. FULL NAME OF HOSPITAL OR INSTITUTION SOUTH BALTIMORE GENERAL HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 22-01					
C. Length of stay in Baltimore 353 1/2 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 807 S. HANOVER ST.					
5. SEX MALE	6. COLOR OR RACE COLORED	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1900 53 400		9. AGE (In years last birthday) 53		If Under 1 Year Months: Days	If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Summerton, S.C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William? Harvin			14. MOTHER'S MAIDEN NAME Elizabeth Martin			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT			ADDRESS		

18. 332X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) HYPOSTATIC PNEUMONIA	CAUSE OF DEATH (A) DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CEREBRAL THROMBOSIS WITH LEFT HEMIPLEGIA	(B) DUE TO	
ARTERIOSCLEROSIS	(C)	

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

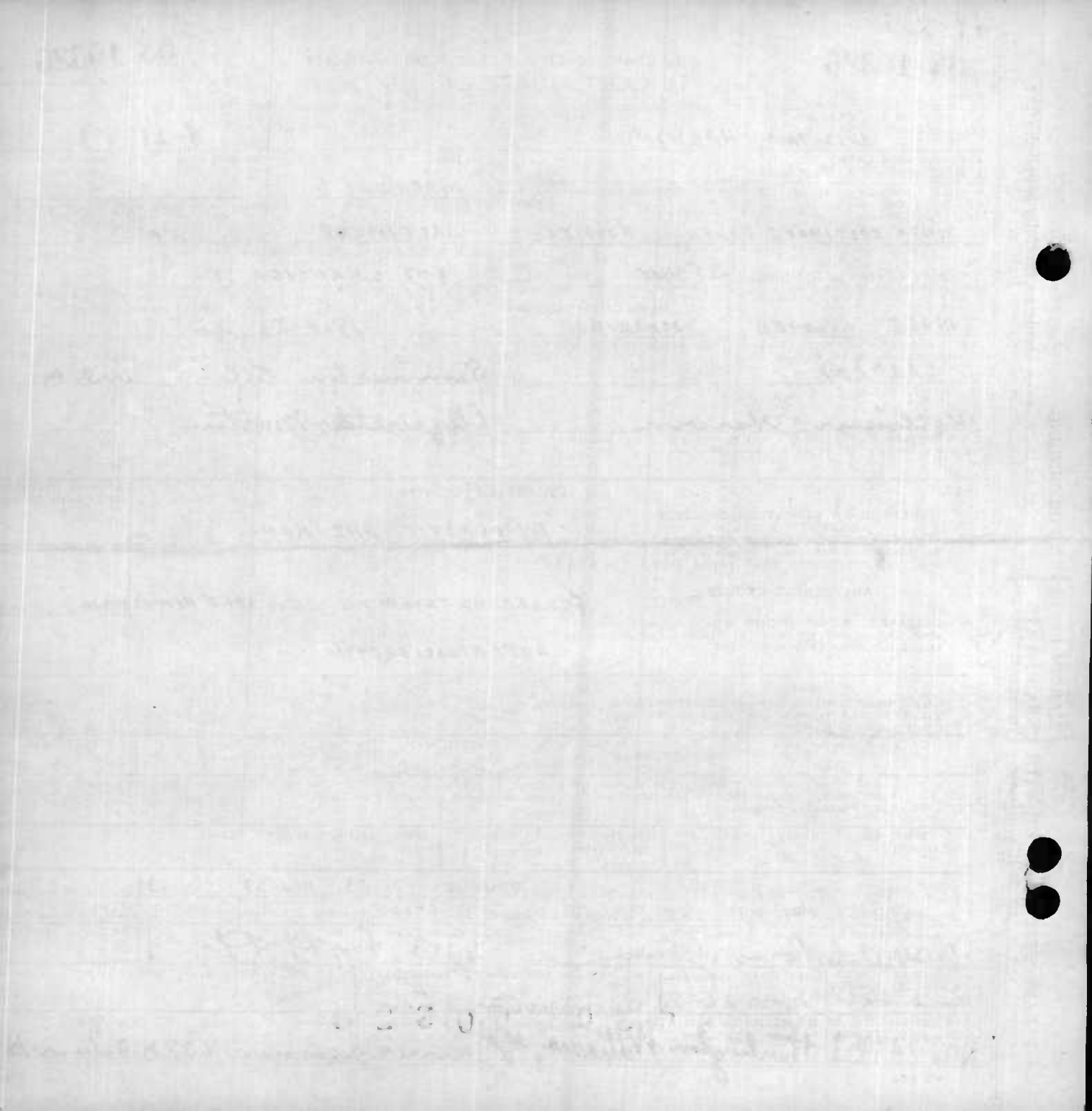
19A. DATE OF OPERATION 0	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **NOV. 10**, 19**53**, to **NOV. 23**, 19**53**, that I last saw the deceased alive on **NOV. 23**, 19**53**, and that death occurred at **6:20 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE **Donald D. Smith, Jr.** M. D. 23B. ADDRESS **1213 Light St.** 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24B. DATE **Nov. 20 1953** 24C. NAME OF CEMETERY OR CREMATORY **Summerton, S.C.** 24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR **NOV 24 1953** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **James A. Hayes** ADDRESS **638 N. 9th St.**



E-164

53 10327

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10327

1. NAME OF DECEASED
Type or Print)

POSEY EUGERT EPPERLEY

2. DATE
OF
DEATH

11/23/53

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Church Home & Hospital

5. Length of stay in Baltimore

4

Year
Month
Days

6. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

May 15, 1884

9. AGE (In years
last birthday)

69

If Under 1 Year
Months Days

6 8

If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Farmer

10B. KIND OF BUSINESS OR
INDUSTRY

Agriculture

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

James Epperley

14. MOTHER'S MAIDEN NAME

Mary Acres

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(If yes, give war or dates of service)

No, no or unknown

16. SOCIAL
SECURITY NO.

—

17. INFORMANT

Church Home & Hospital

ADDRESS

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Myocardial Infarction

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

8 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Coronary Thrombosis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Bronchopneumonia

8 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/19, 1953, to 11/23, 1953, that I last saw the
deceased alive on 11/23, 1953, and that death occurred at 8:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

David F. Dawson

M. D.

23B. ADDRESS

Church Home Hospital

23C. DATE SIGNED

11/23/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/26/53

24C. NAME OF CEMETERY OR CREMATORY

Centre

24D. LOCATION (City, town, or county)

Forest Hill Md

(State)

25. DATE RECEIVED BY
LOCAL REGISTRAR

Nov 24 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Charles C. Kutz

ADDRESS

Jarrettsville Md

VS 150

10010

100-1-100

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

100-1-100

IN SENATE
JANUARY 1, 1900

REPORT
OF THE
COMMISSIONERS OF THE LAND OFFICE
IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE
JANUARY 1, 1899

ALBANY:
J. B. LIPPINCOTT & CO. PRINTERS
1899

ALBANY:
J. B. LIPPINCOTT & CO. PRINTERS
1899

ALBANY:
J. B. LIPPINCOTT & CO. PRINTERS
1899

ALBANY:
J. B. LIPPINCOTT & CO. PRINTERS
1899

ALBANY:
J. B. LIPPINCOTT & CO. PRINTERS
1899

5-665

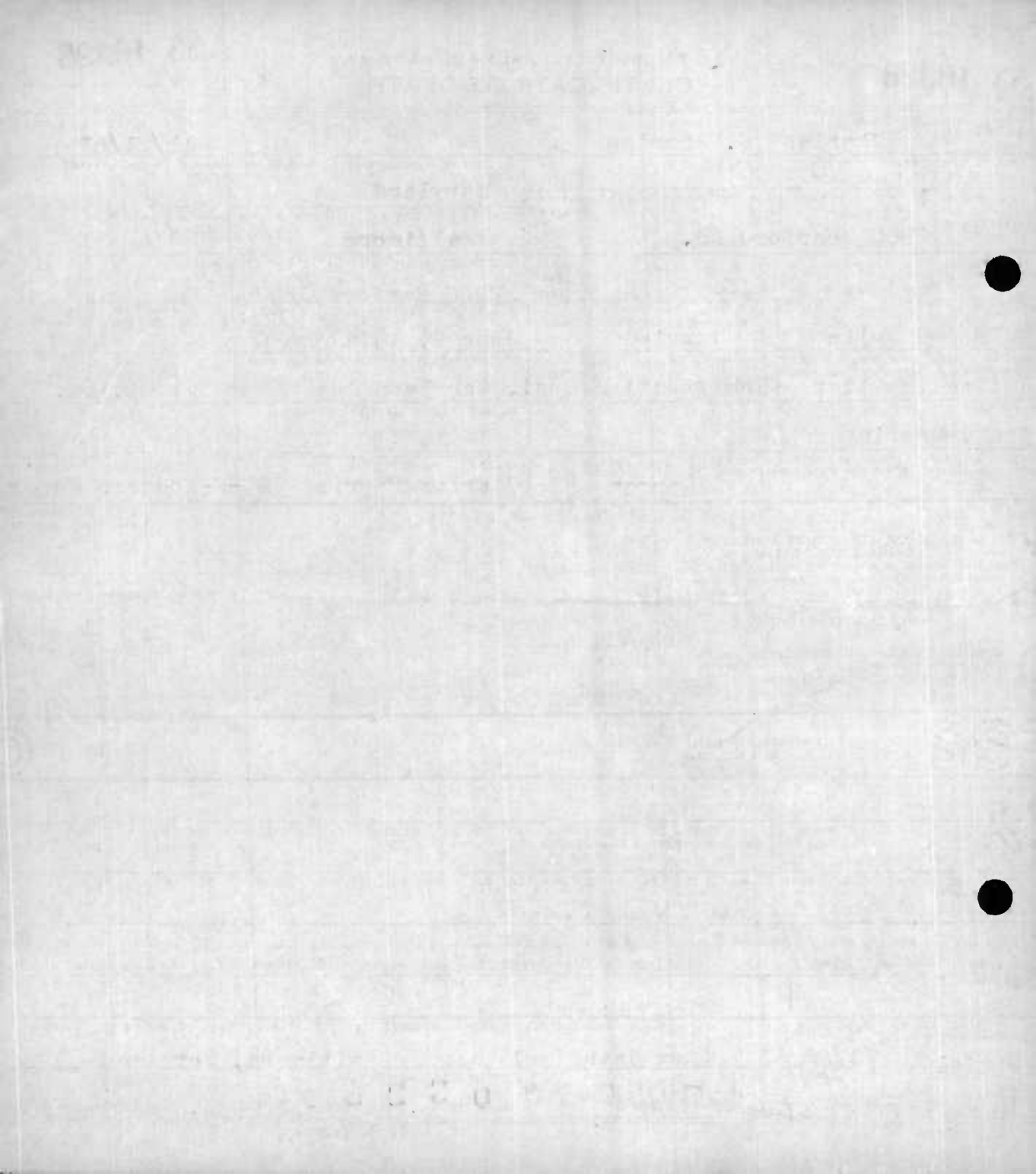
53 10328

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10328

NAME OF DECEASED (Type or Print) Charles C. Broring		2. DATE OF DEATH 11/21/53	
PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 2800 Harford Rd.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 9-06	
Length of stay in Baltimore Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2800 Harford Road	
SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 9, 1875
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Builder		10B. KIND OF BUSINESS OR INDUSTRY Construction Busi	9. AGE (In years last birthday) 78
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
3. FATHER'S NAME Henry Broring		14. MOTHER'S MAIDEN NAME ? ?	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 0		16. SOCIAL SECURITY NO. ----	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) Coronary Occlusion DUE TO (B) Arterio Sclerosis DUE TO (C) Hypertension	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from Nov. 21, 1953 , to Nov 21, 1953 , that I last saw the deceased alive on Nov 15, 1953 , and that death occurred at 6:30 P.M. , from the causes and on the date stated above.		21F. HOW DID INJURY OCCUR?	
23A. SIGNATURE Jacob Fisher		23B. ADDRESS 18422 Belair Rd	
23C. DATE SIGNED 11/23/53		23D. NAME OF CEMETERY OR CREMATORY New Cathedral	
23E. LOCATION (City, town, or county) (State) Baltimore, Maryland		23F. FUNERAL DIRECTOR John A. Moran	
23G. ADDRESS 3000 E. Baltimore St		23H. SIGNATURE John A. Moran	
23I. SIGNATURE John A. Moran		23J. SIGNATURE John A. Moran	



243
- 460
53 10329
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10329
Registered No.

1. NAME OF DECEASED
(Type or Print)

ANNA C. Eslinger or Viola Taylor

2. DATE
OF
DEATH

Nov. 22 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 129 S. Spring St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4. USUAL RESIDENCE (Where deceased lived, If institution, residence before admission)
A. STATE B. COUNTY

md

3-01

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
129 S. Spring St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX
Female
6. COLOR OR RACE
White

7. ~~XXXXXXXXXX~~
WIDOWED, DIVORCED, etc. (Specify)

8. DATE OF BIRTH

July 4 1889

9. AGE (In years last birthday)

64

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

220-14-9642

17. INFORMANT

MAY VAN HITE

ADDRESS

129 S. Spring St.

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Arteriosclerotic Cardio-vascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Mr. J. Mc Clafferty

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

11/22/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 24 1953 Holy Redeemer Cem.

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

4430 Belair Rd.

(State)

DATE RECEIVED BY

NOV 24 1953

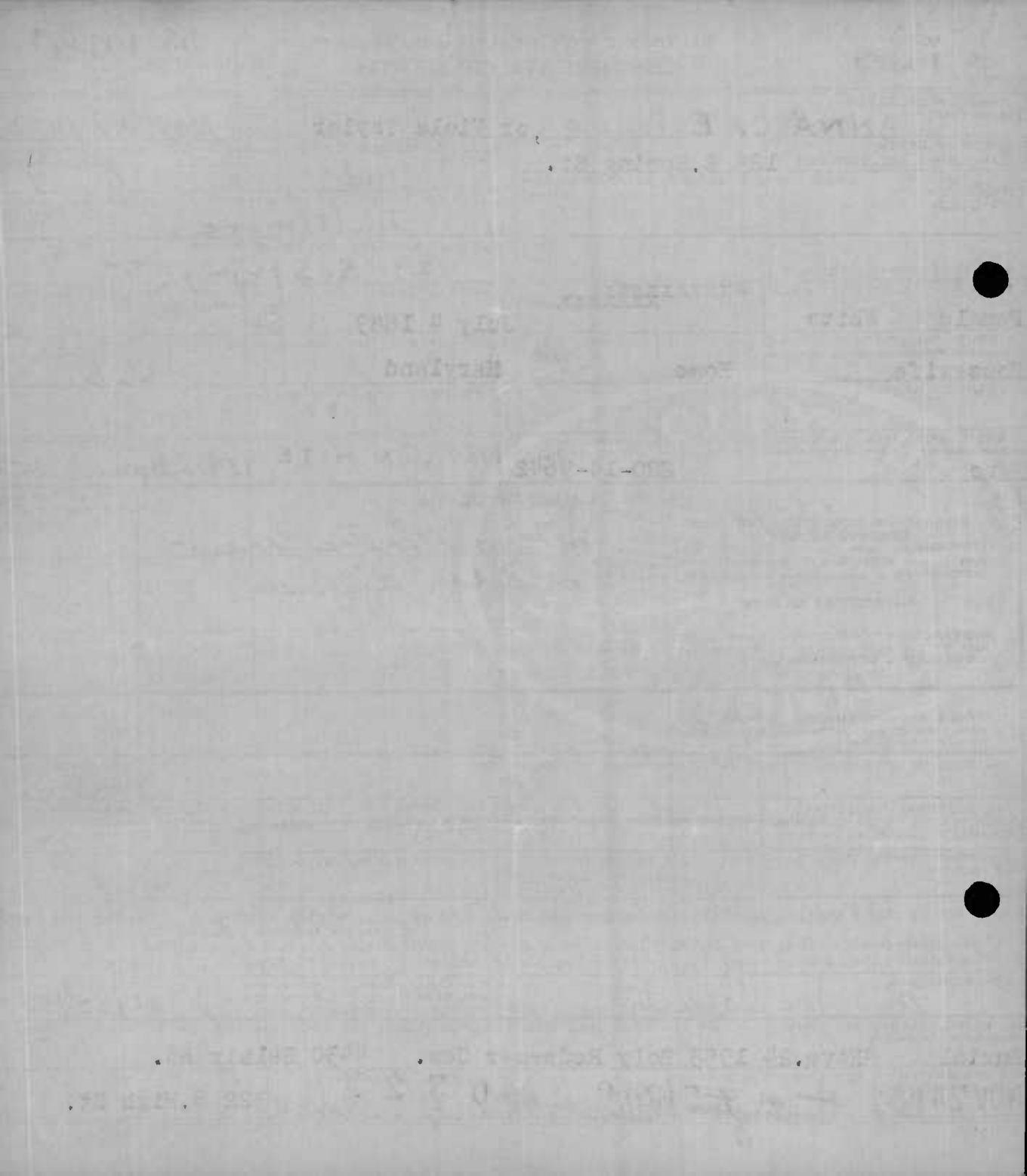
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

322 S. High St.



M-600

53 10330

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10330

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CLARA C. MARR

2. DATE
OF
DEATH

NOV 13 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Methodist Home for the Aged - 2711 Rodgers Ave

5. Length of stay in Baltimore

65

Yrs.
Mos.
Days

6. SEX

FEMALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOWED

8. A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR INDUSTRY

9. FATHER'S NAME

CHARLES RENTZ

5. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

ADDRESS

ROBERT B. MARR 517 EDGEWOOD ST

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

CORONARY THROMBOSIS

1/2 HOUR

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

ARTERIOSCLEROSIS

10 YRS.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from NOV. 1, 1953, to NOV 22, 1953, that I last saw the
deceased alive on NOV 22, 1953, and that death occurred at 1230pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Arthur J. Davies

M. D.

800 W 33rd ST

11-24-53

24. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

NOV 26 1953

MY OLIVE + CEM

BALTO MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 24 1953

Huntington Williams, M.D. & W. M. Walters

VS 150

Pratt & Stricker Sts

UNITED STATES DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of medical examiner		12. Signature of coroner	

DATE OF DEATH

STATE OF NEW YORK
COUNTY OF NEW YORK
CITY OF NEW YORK

DECEASED

DATE OF DEATH

STATE OF NEW YORK

COUNTY OF NEW YORK

CITY OF NEW YORK

DECEASED

DATE OF DEATH

STATE OF NEW YORK

COUNTY OF NEW YORK

CITY OF NEW YORK

DECEASED

DATE OF DEATH

STATE OF NEW YORK

COUNTY OF NEW YORK

CITY OF NEW YORK

DECEASED

DATE OF DEATH

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 53 10331

2630
53 10331
BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILLIAM PRATT		2. DATE OF DEATH Nov. 20, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 4-02	
D. STREET ADDRESS (If rural, give location) 753 W. Lexington Street		E. LENGTH OF stay in Baltimore Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED (30Y)	8. DATE OF BIRTH 1/30/1890
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		9. AGE (in years last birthday) 63 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Balto. Md.	
13. FATHER'S NAME Charles Pratt		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES W.W.I		14. MOTHER'S MAIDEN NAME Henrietta Hollis	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Benjamin Pratt George St 603	

18. **422.1 and 260X**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH
(A) **Arteriosclerotic cardiovascular disease**

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Diabetes mellitus**
DUE TO
(C)

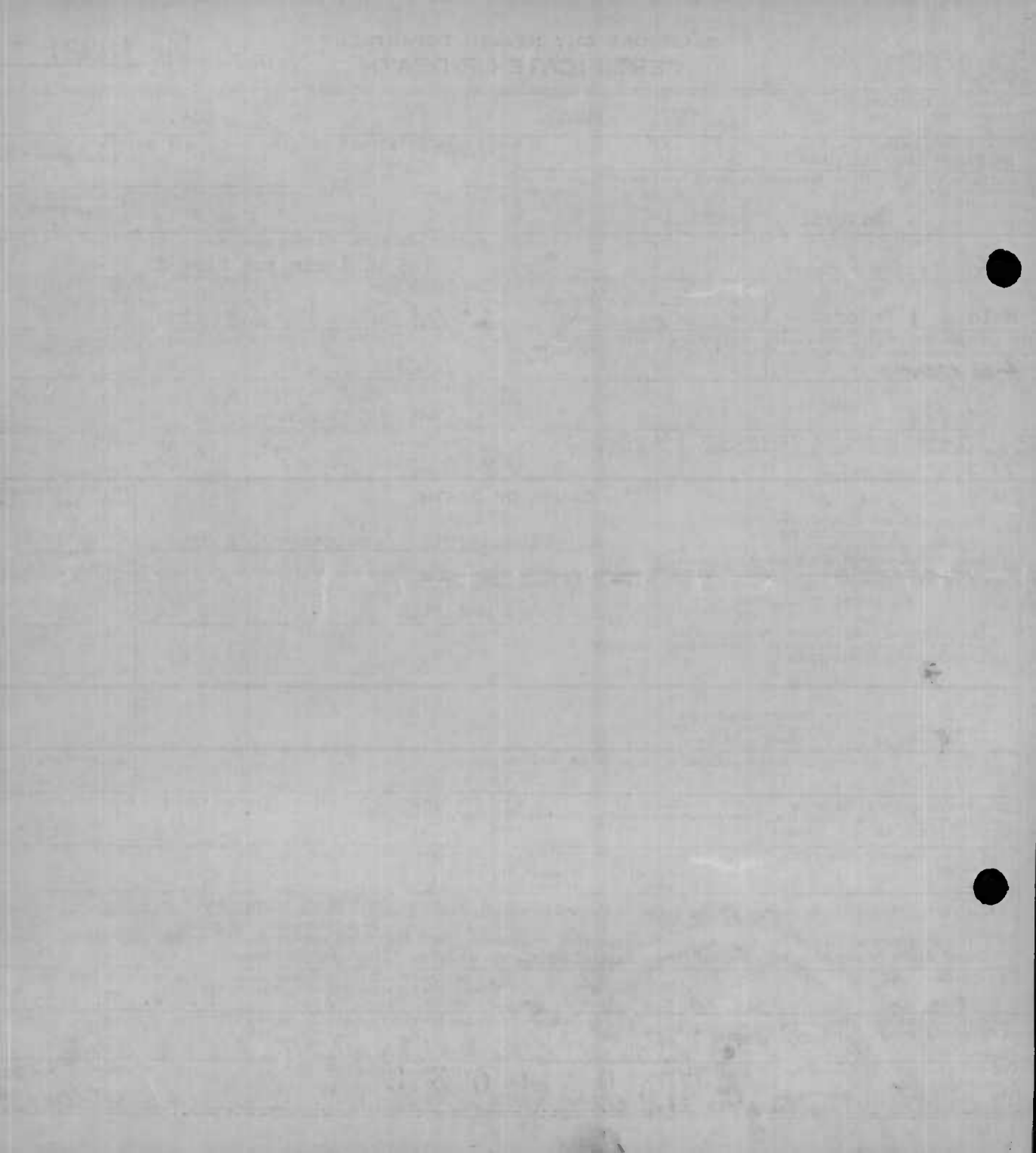
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23. SIGNATURE Joseph P. Jackson Jr.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Nov. 20, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 11/25/1953		24C. NAME OF CEMETERY OR CREMATORY Balto. National Cem	
24D. LOCATION (City, town, or county) (State) Balto. Md.		25. FUNERAL DIRECTOR Miss Katie R. Williams		ADDRESS 3221	
DATE RECEIVED BY LOCAL REGISTRAR NOV 24 1953		REGISTRAR'S SIGNATURE Huntington Williams		ADDRESS 3221	

MEDICAL CERTIFICATION



PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 10332**
53 10332

 BIRTH NO. **51-19623**

1. NAME OF DECEASED (Type or Print) Nathanial Sampson		2. DATE OF DEATH 11/21/53	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Md.	
b. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto	
c. Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 905 W. Fayette St	
5. SEX Male	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) -	8. DATE OF BIRTH Aug. 28, 1901
9. AGE (In years last birthday) 52		10. UNDER 1 Year Months Days	11. UNDER 24 Hours Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -		10b. KIND OF BUSINESS OR INDUSTRY -	
13. FATHER'S NAME Willie Sampson		14. MOTHER'S MAIDEN NAME Willie Graham	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. -	
17. INFORMANT Willie Sampson		ADDRESS 905 W. Fayette St	

18. **490x**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) **Lobar Pneumonia involving**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **left upper + lower lobes**

DUE TO

(C) **of Lung**

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE William W. Williams		23b. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23c. DATE SIGNED 11/22/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/24/1953		24C. NAME OF CEMETERY OR CREMATORY W. H. Murray Cem.	
24D. LOCATION (City, town or county) Balto Md		24E. FUNERAL DIRECTOR Mr. Willie R. Williams		ADDRESS 3229	
DATE RECEIVED BY LOCAL REGISTRAR NOV 24 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. ADDRESS 3229	

3-652

53 10333

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10333
Registered No.1. NAME OF DECEASED
(Type or Print)

Barnes, David.

2. DATE
OF
DEATH

Nov-20-1953

3. PLACE OF DEATH:

Baltimore City, Maryland Baltimore, Md.

4. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Franklin Square Hosp-

Yrs.
Mos.
Days

5. Length of stay in Baltimore

6. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married8. A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Unemployed.

10B. KIND OF BUSINESS OR
INDUSTRY

9. FATHER'S NAME

David Barnes

10. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

Dec-24-1886

9. AGE (In years
last birthday)

67

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

N. C.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

??

17. INFORMANT

William Barnes

ADDRESS

307 N. Gilmor St.

18. 434.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Congestive Heart Fai.

11/16/53

DUE TO

Lure-

To

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

11/20/53-

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONCOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov-16, 1953, to Nov-20, 1953, that I last saw the
deceased alive on Nov-20, 1953, and that death occurred at 8 P. m., from the causes and on the date stated above.

23A. SIGNATURE

J. Lee Prady M.D. M. D.

23B. ADDRESS

Franklin Square Hosp

23C. DATE SIGNED

Nov-20-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11/24/1953

24C. NAME OF CEMETERY OR CREMATORY

Farmville N.C.

24D. LOCATION (City, town, or county)

Farmville N.C.

(State)

25. RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

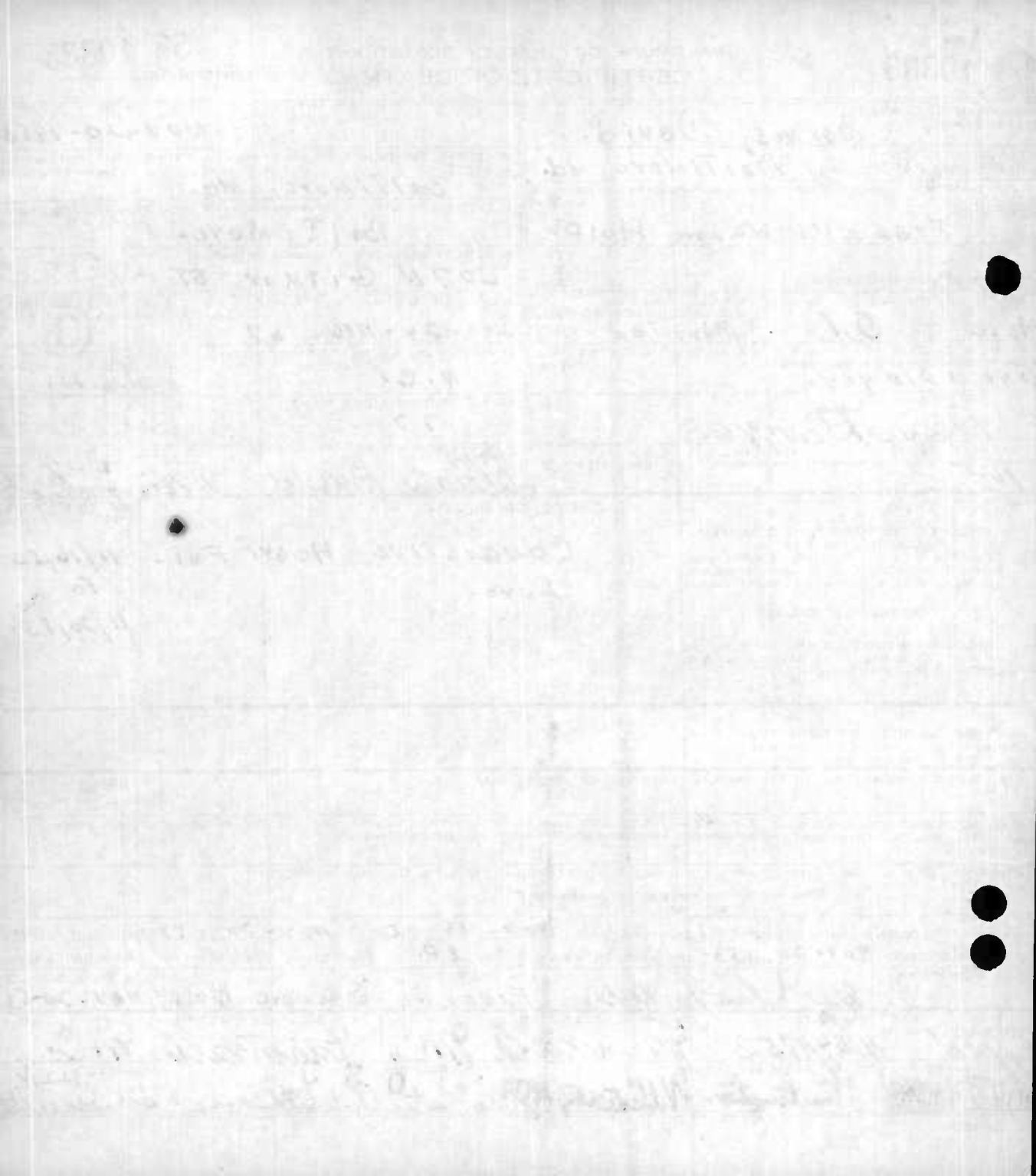
25. FUNERAL DIRECTOR

Mrs. Kate R. Williams

ADDRESS

322 N. Schroeder St.

NOV 24 1953



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 10334

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Faracilas
~~Farakas~~, Elias J.2. DATE
OF
DEATH Nov. 22, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

40 St. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 9-02

D. STREET ADDRESS (If rural, give location)

2103 Lake Avenue (18)

c. Length of stay in Baltimore

8 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

7-20-1881

9. AGE (In years
last birthday)

72

H Under 1 Year
Months: DaysH Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Greece

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

John Faracilas

Dec'd

14. MOTHER'S MAIDEN NAME

Garifalo Fafaliou

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

101-18-5694

17. INFORMANT

Mrs. Irene Faracilas

ADDRESS

Above

18.

260X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

DUE TO

(A) Acute Cardio-vascular collapse

INTERVAL BETWEEN
ONSET AND DEATH

10-14-53 - 11/22/53

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Diabetic Mellitus

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

Benign Prostatic Hypertrophy - T. U. R. - Bilateral Varicocele

19A. DATE OF OPERATION

11/11/53

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMED

BPH - urinary obstruction - uremia

IF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-14-53, 19, to 11-22, 1953, that I last saw the
deceased alive on 11-22, 1953, and that death occurred at 11:40 A.M., from the causes and on the date stated above.

23A. SIGNATURE

George O'Connor, M.D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

11-22-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-25-1953

24C. NAME OF CEMETERY OR CREMATORY

Greek Orthodox

24D. LOCATION (City, town, or county)

Woodlawn

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

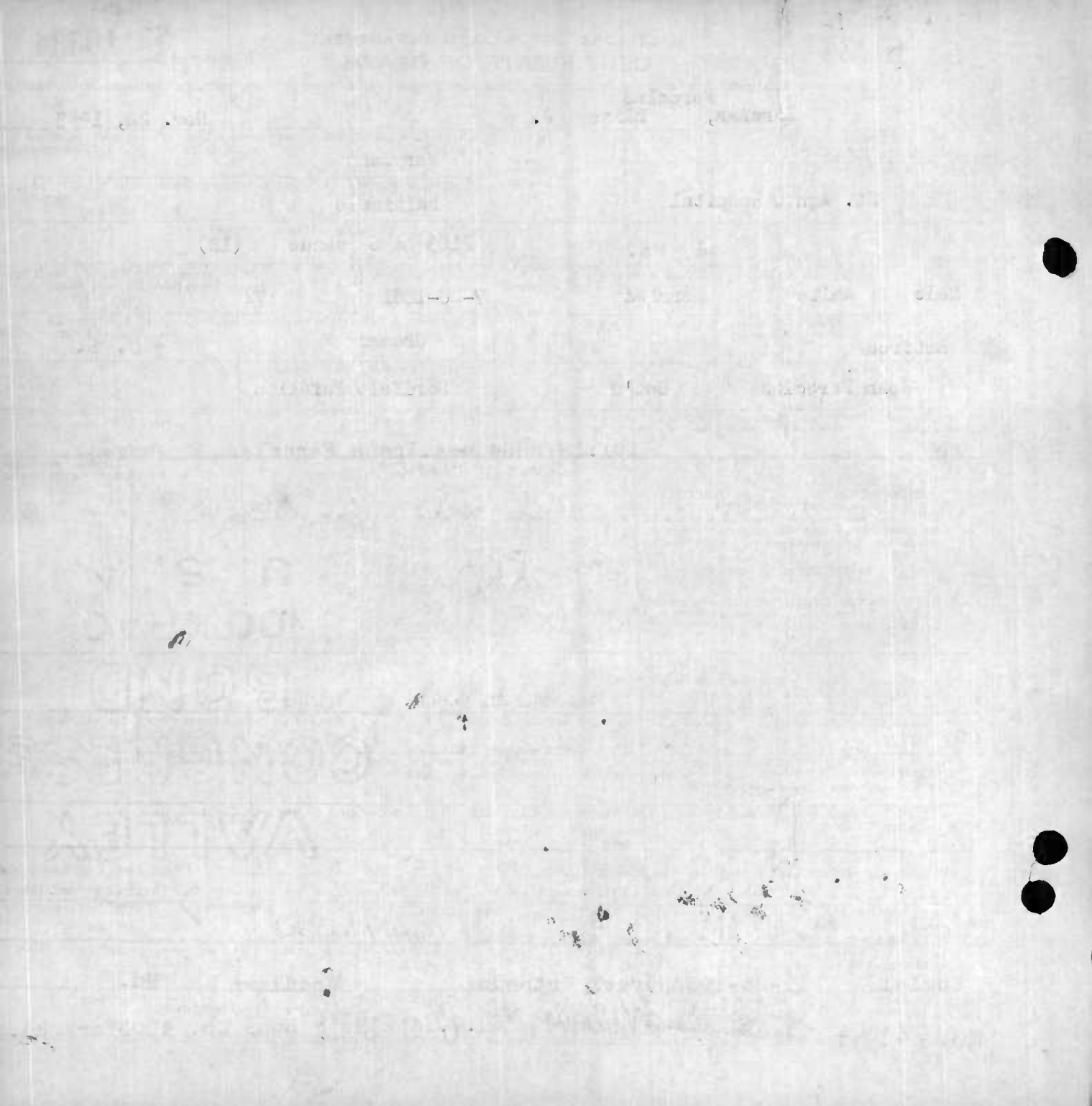
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

H. W. Jenkins & Sons Co. 4905 York Rd.

NOV 24 1953

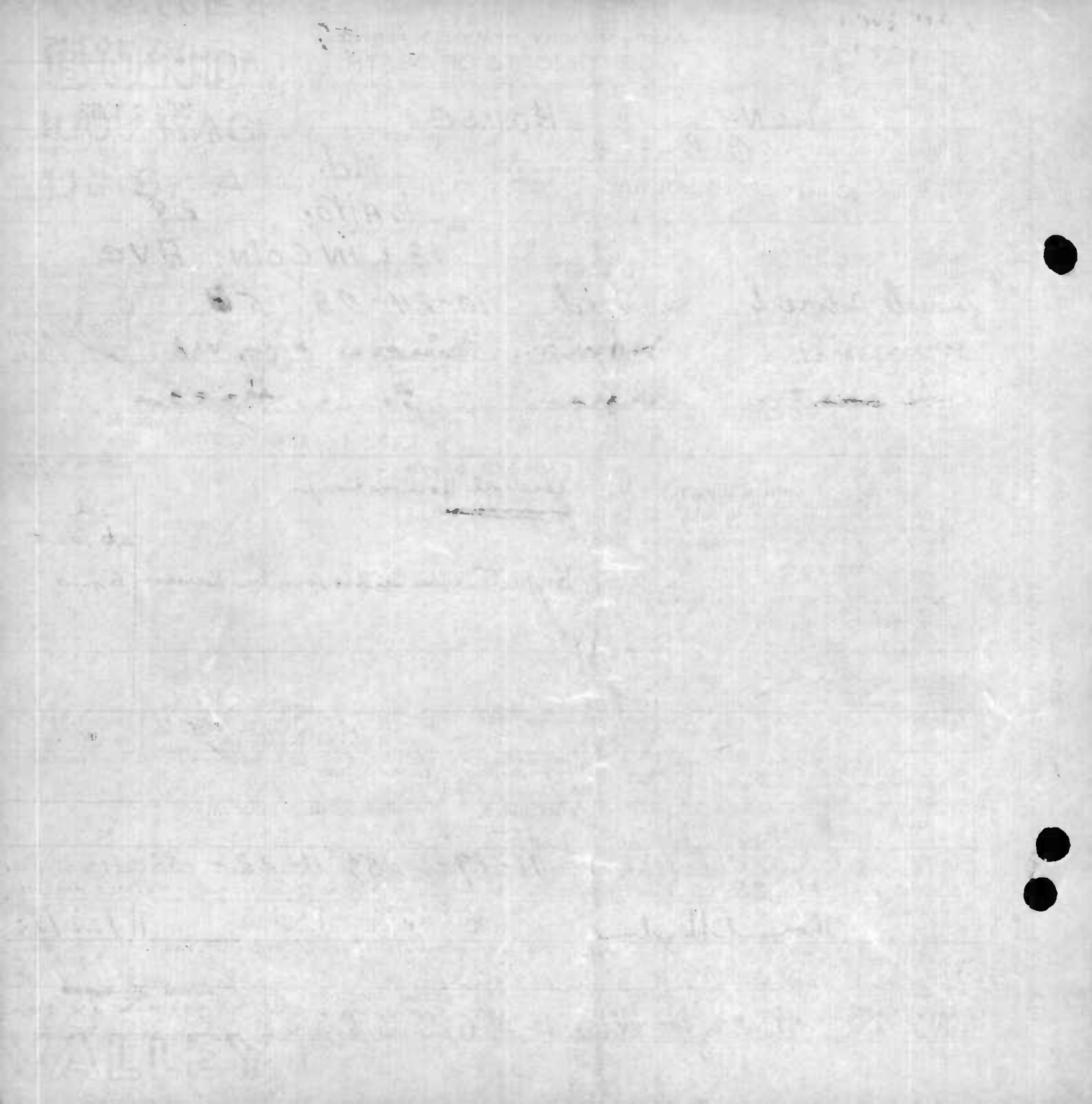


BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10335

BIRTH NO. 53 10335

1. NAME OF DECEASED (Type or Print) LENA House			2. DATE OF DEATH NOV 22 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Oster - 4			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 28 5252		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 13 LINCOLN AVE		
5. SEX female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 10-24-03	9. AGE (In years last birthday) 50	10. Under 1 Year Months: Days
11. BIRTHPLACE (State or foreign country) Princess Anne Md			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME Samuel Dorman			14. MOTHER'S MAIDEN NAME Green		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT JOHNS HOPKINS HOSPITAL			ADDRESS		
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO (A) Hypertension (B) Hypertensive Cardiovascular Disease (C) 6 mo			INTERVAL BETWEEN ONSET AND DEATH 3d. at least		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 11-25-1953		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-19- , 19 53 to 11-22- , 19 53 that I last saw the deceased alive on 11-22- , 19 53 , and that death occurred at m. , from the causes and on the date stated above.					
23A. SIGNATURE Thomas R. Hendrix			23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 11/22/53
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE Nov. 25 1953		24C. NAME OF CEMETERY OR CREMATORY Wt. Auburn	
24D. LOCATION (City, town, or county) (State) Baltimore, Md		25. FUNERAL DIRECTOR Thalland Funeral Home			
DATE RECEIVED BY LOCAL REGISTRAR NOV 24 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

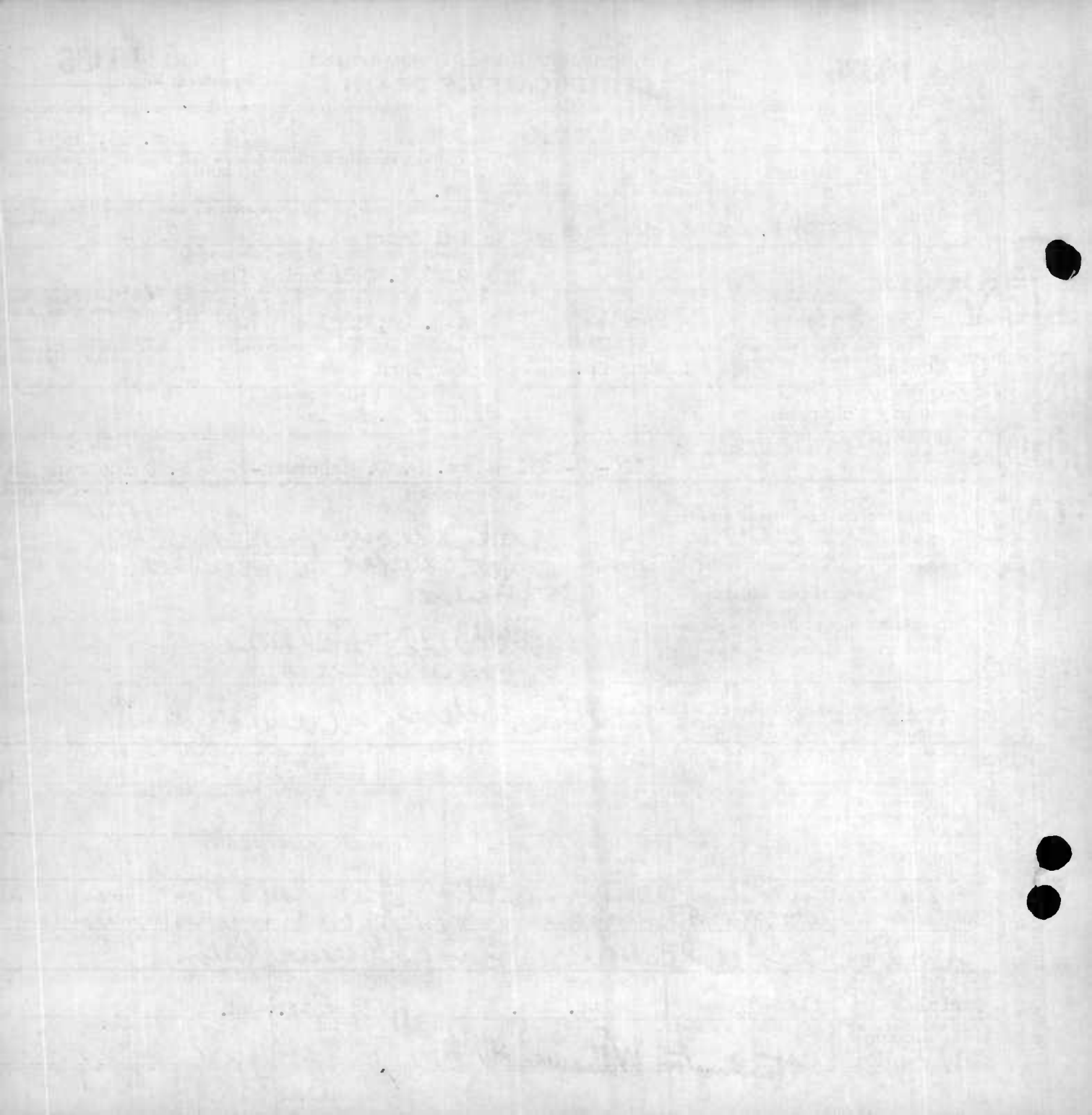


M-236

53 10336

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10336
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		ROLAND DAVENPORT McDORMAN		Nov. 23, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md.			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
2206 E. Cold Spring Lane		Baltimore 27-03			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 2206 E. Colespring Lane			
5. SEX White	6. COLOR OR RACE Male	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 28, 1883	9. AGE (in years, last birthday) 70	10. Under 1 Year Months: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accounting		10b. KIND OF BUSINESS OR INDUSTRY Lumber Co.		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME John Henry McDorman		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 220-07-6231		14. MOTHER'S MAIDEN NAME Annie E. Davis	
15				17. INFORMANT ADDRESS Mrs. R. D. McDorman-2206 E. Colespring La	
18. 177X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES		(A) Carcinoma of Prostate DUE TO C metastases to Bladder & Penis			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Bladder Epithelioma DUE TO hematuria			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		arterio sclerosis - anemia & emphysema			
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 21, 1953, to Nov 23, 1953, that I last saw the deceased alive on Nov 16, 1953, and that death occurred at 3:15 PM, from the causes and on the date stated above.		23A. SIGNATURE Walter Anderson M.D.		23B. ADDRESS 3001 Shannon Drive	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/25/53		24C. NAME OF CEMETERY OR CREMATORY Balto. Cem.	
24D. LOCATION (City, town, or county) (State) Balto. Md.		25. FUNERAL DIRECTOR Huntington Williams, M.D.		26. ADDRESS 17, Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 24 1953		REGISTRAR'S SIGNATURE		VS 150	



N-240

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10337

53 10337
BIRTH NO.

1. NAME OF DECEASED (Type or Print) NIGGEL, MRS. MAUDE E.		2. DATE OF DEATH 11-22-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) CHURCH HOME AND HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) OWINGS MILLS 5200	
D. STREET ADDRESS (If rural, give location) GREENSPRING A. + RIDGE RD.		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 1, 1883
9. AGE (In years last birthday) 69 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	11. BIRTHPLACE (State or foreign country) PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME BAKER, JAMES	
14. MOTHER'S MAIDEN NAME MCCONNELLY, MARGARET		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO.		17. INFORMANT Albert J. Niggel	
18. 470.0 and 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) ARTERIOSCLEROTIC HEART DISEASE DUE TO (B) BRONCHIECTASIS DUE TO (C) PULMONARY TBC. INTERVAL BETWEEN ONSET AND DEATH 3 yrs.		19. ADDRESS Owings Mills, Md.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-17 , 19 53 , to 11-22 , 19 53 , that I last saw the deceased alive on 11-22 , 19 53 , and that death occurred at 9:30 P.m. , from the causes and on the date stated above.			
23A. SIGNATURE Harold Roever		23B. ADDRESS Church Home & Hospital	
23C. DATE SIGNED 11-22-53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov. 27, 1953	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State) Grave City, Penna.
25. FUNERAL DIRECTOR Huntington Williams	26. ADDRESS Poland L. Fisher, Mt. Airy, Md.		

STATE OF NEW YORK

IN SENATE

JANUARY 1, 1901

1

1

1

1

4-513
53 10338

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

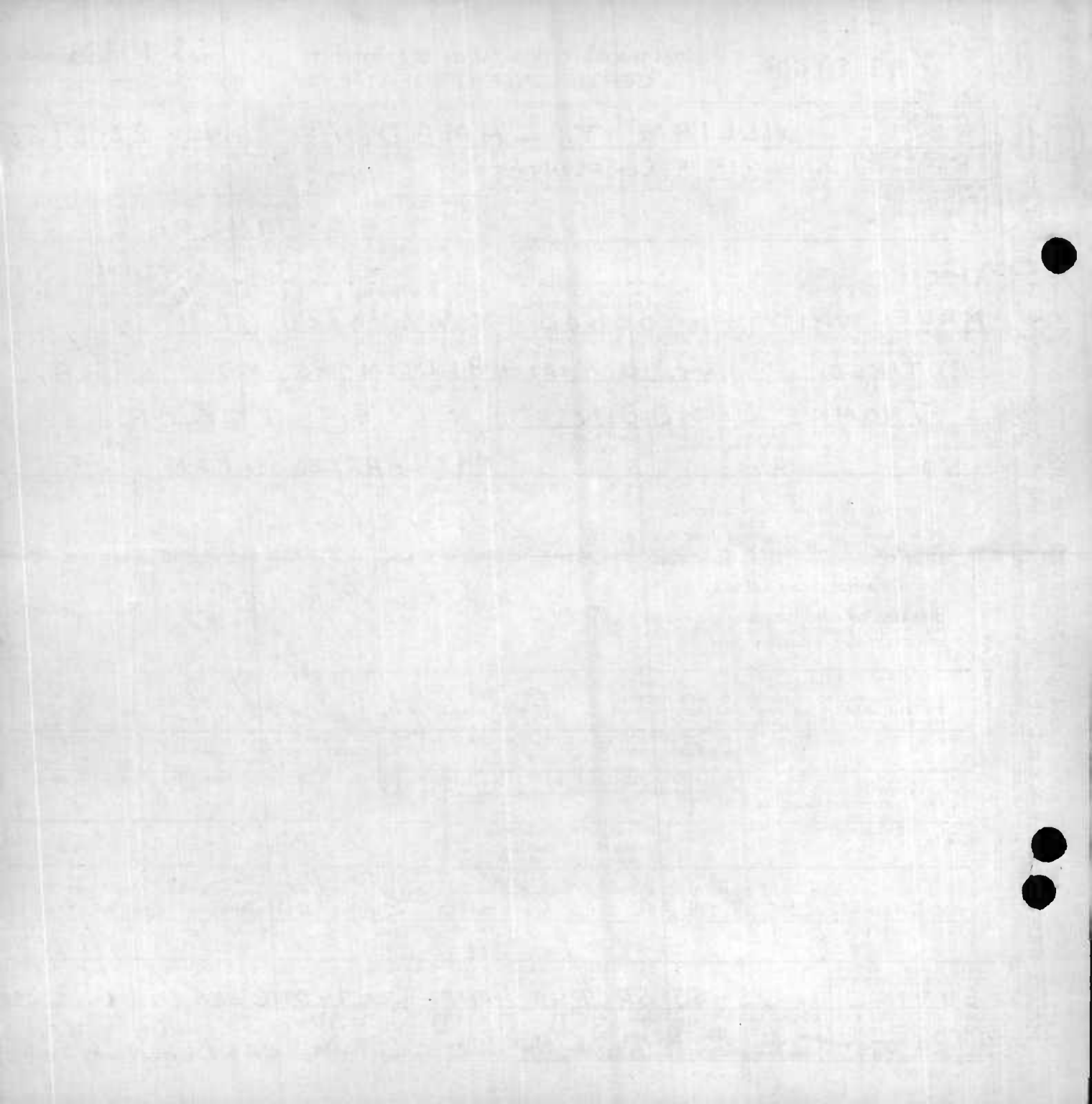
53 10338
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
			WILLIAM T. LAMBDIN			NOV. 22, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			819 S. CONKLING ST.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE		
						MD.		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION						C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
						BALTIMORE		
c. Length of stay in Baltimore			LIFE Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location)		
						819 S. CONKLING ST.		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
MALE	WHITE	WIDOWED	NOV. 5, 1872	81	RETIRED	BALTIMORE, MD.	U. S. A.	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME					
THOMAS LAMBDIN			ELLEN TAYLOR					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS		
NO			NO			MRS. CHARLES HAGAN SAME.		

18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH	
				(A) Atherosclerosis					
ANTECEDENT CAUSES				(B) Chronic Myocarditis					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				(C) Hypertrophic Prostate					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		19D. HOW DID INJURY OCCUR?		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from Jan 1, 1953, to Nov. 22, 1953, that I last saw the deceased alive on Nov. 20, 1953, and that death occurred at 8:30 P. M., from the causes and on the date stated above.									
23A. SIGNATURE				23B. ADDRESS				23C. DATE SIGNED	
Joseph J. Leary				441 S. Edward Ave				11/23/53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county)		(State)	
BURIAL		11-25-53		SACRED HEART CEM.		7401 GERMAN HALL RD.		MD.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR		ADDRESS			
NOV 24 1953		Huntington Williams, M.D.		Charles J. Seiler		901 S. CONKLING ST.		BALTO., MD.	

MARGIN RESERVED FOR BINDING
PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



53 10339

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10339

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Pelagia (or Tillie) Jagodzinski

2. DATE
OF
DEATH

Nov. 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City Hosp.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Balto. City Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

Balto. Essex

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

508 Mace Ave. rural Balto. 21

D. STREET ADDRESS (If rural, give location)

508 MACE AVE BALTO 21

E. Length of stay in Baltimore

61 yr.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

9. FATHER'S NAME

Joseph Panowicz

8. DATE OF BIRTH

Feb. 24, 1891 62

9. AGE (In years last birthday)

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.12. CITIZEN OF
WHAT COUNTRY?

11. BIRTHPLACE (State or foreign country)

Poland

14. MOTHER'S MAIDEN NAME

Josephine Musik

5. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Joseph Jagodzinski 508 Mace Ave.

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Occlusion

Instant.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)Coronary Artery Disease
arterio-sclerotic
Cardio-vascular Disease4 yrs
8 yrsII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1948, Nov. 21, 1953, that I last saw the deceased alive on Oct 23, 1953, and that death occurred at 4:15 PM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FURNERAL DIRECTOR

ADDRESS

OV 24 1953

Huntington Williams, M.D.

Marie Fialkowski

1000 S. Kenwood

(ave.)

WILLIAMSON CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

NOT A MEDICAL EXAMINER'S CASE

William H. Ladd M.D.
CHIEF OR ASST. MEDICAL EXAMINER

H-146

53 10340

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10340

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Royston

WALTER HEIBLER (Hiebler)

2. DATE
OF
DEATH 11/23/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

Mercy Hosp., Inc.

MARYLAND

BALTIMORE

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

TOWSON - 4

5355

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

E. Joppa Rd & Emge Ave.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
SINGLE

8. DATE OF BIRTH

6/29/13

9. AGE (In years
last birthday)

40

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

MACHINE OPERATOR

10B. KIND OF BUSINESS OR
INDUSTRY

BLACK & DECKER TOOL MFG.

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

JOHN HEIBLER - Hiebler

14. MOTHER'S MAIDEN NAME

ELLA MYERS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

UNKNOWN

16. SOCIAL
SECURITY NO.

17. INFORMANT

DECEASED FATHER

ADDRESS

SAME

18. 560.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) PULMONARY FAILURE.

6 DAYS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ACUTE DIAPHRAGMATIC HERNIA

6 DAYS

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11/20/53

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMED

DIAPHRAGMATIC HERNIA.

IF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/18 1953, to 11/23 1953, that I last saw the
deceased alive on 11/23 1953, and that death occurred at 5:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

James R. Trope

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

11/23/53

24A. BURIAL, CREMA
TION, REMOVAL (Specify)

Burial

24B. DATE

11-27-1953

24C. NAME OF CEMETERY OR CREMATORY

Moreland Park

24D. LOCATION (City, town, or county)

Balto

Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 24 1953

REGISTRAR'S SIGNATURE

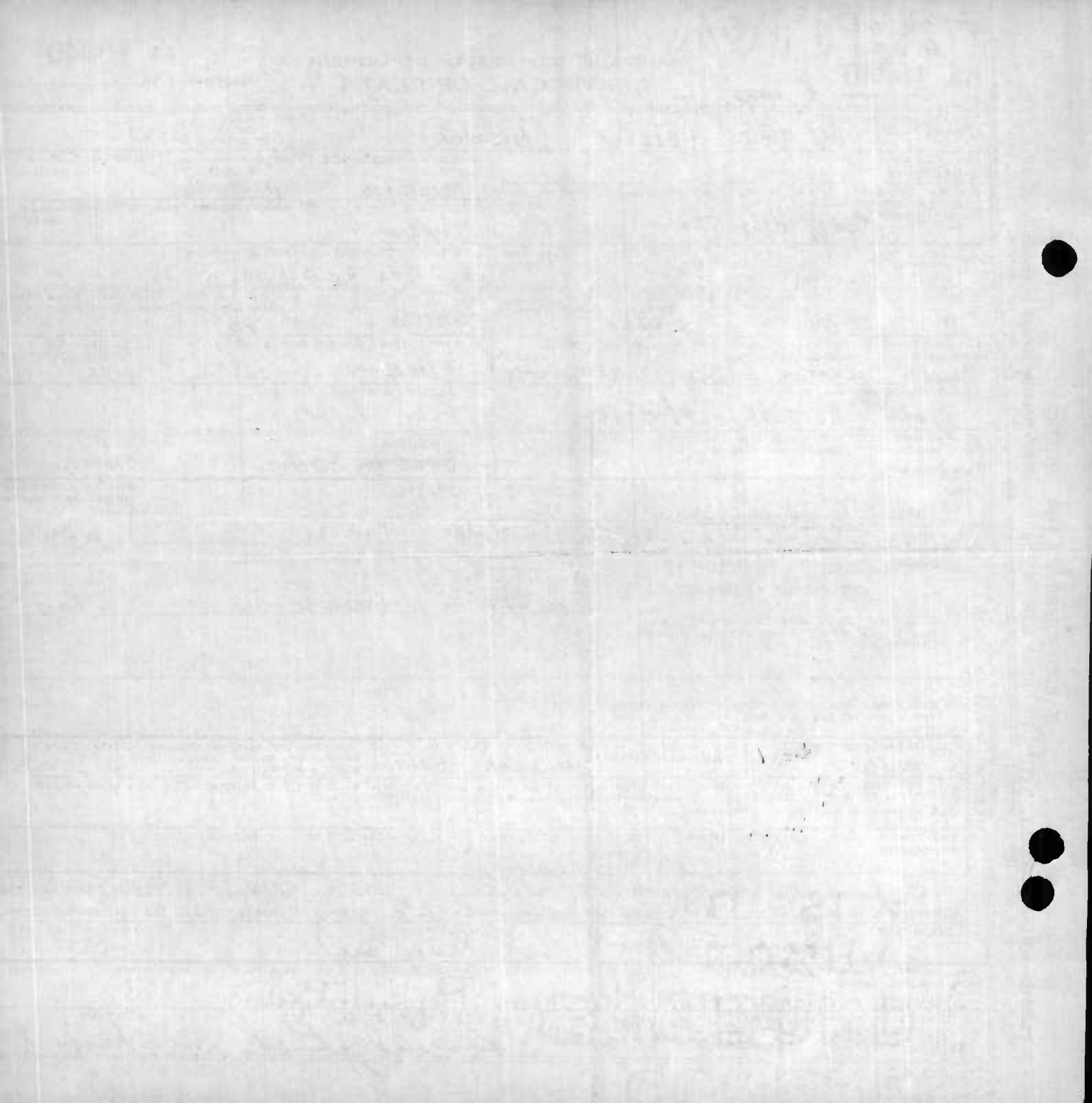
Huntington Williams

FUNERAL DIRECTOR

Leonard J. Luck

ADDRESS

5305 Hayford



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53-10341

53-10341

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Loretta M. Stutzka

2. DATE
OF
DEATH

Nov. 24, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2560 Robb Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

8427 Water Oak Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan. 4, 1903

9. AGE (In years
last birthday)

50

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Peter A Miller

14. MOTHER'S MAIDEN NAME

Mary Breen

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Frederick R. Stutzka, same

18. 175X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma of Ovary -

4 months

ANTECEDENT CAUSES

DUE TO

(B)

Metastasis in Lungs -

1 month

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 13 - 1953, to Nov 24, 1953, that I last saw the
deceased alive on Nov 23, 1953, and that death occurred at 5-15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

E. Gull Hall M.D.

M. D.

23B. ADDRESS

1631 E North Ave

23C. DATE SIGNED

Nov 24-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 27, 1953

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road.

NOV 24 1953

Hall
31 E. North Ave.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10342

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Arthur Burrell

2. DATE
OF
DEATH

Nov. 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Med. Center

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

9-09

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 13

c. Length of stay in Baltimore

25 yrs

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1829 N. Spring St

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Married

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Scott Burrell

14. MOTHER'S MAIDEN NAME

Mary ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Myocardial infarction

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic cardiovascular disease

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-4-1953 to 11-21-1953, that I last saw the
deceased alive on 11-21-1953 and that death occurred at 1:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Henry N. Wagner, Jr.

M. O.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

Nov 21 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 24 1953

Huntington Williams, MD

Rayner Sanders

VS 150

97099 217 E. Preston St

VALLEY
CONGRESS

BOND

JOB 176

U. S. A.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10343
Registered No.

53 10343
BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
GEORGE T. CHEATHAM		November 23, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		A. STATE Maryland	
South Baltimore General Hospital		B. COUNTY	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		D. STREET ADDRESS (If rural, give location)	
Baltimore		227 N. Calhoun Street	
c. Length of stay in Baltimore		8. DATE OF BIRTH	
Yrs. Mos. Days		5-3-04	
5. SEX	6. COLOR OR RACE	9. AGE (In years last birthday)	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Male	Colored	49	Laborer
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		11. BIRTHPLACE (State or foreign country)	
MARRIED		VA	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY?	
LABORER			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
JAMES JONES		TORA CHEATHAM	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		17. INFORMANT ADDRESS	
		LOUISE CHEATHAM 227 N. CALHOUN	

18. E819.4
CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Skull fracture

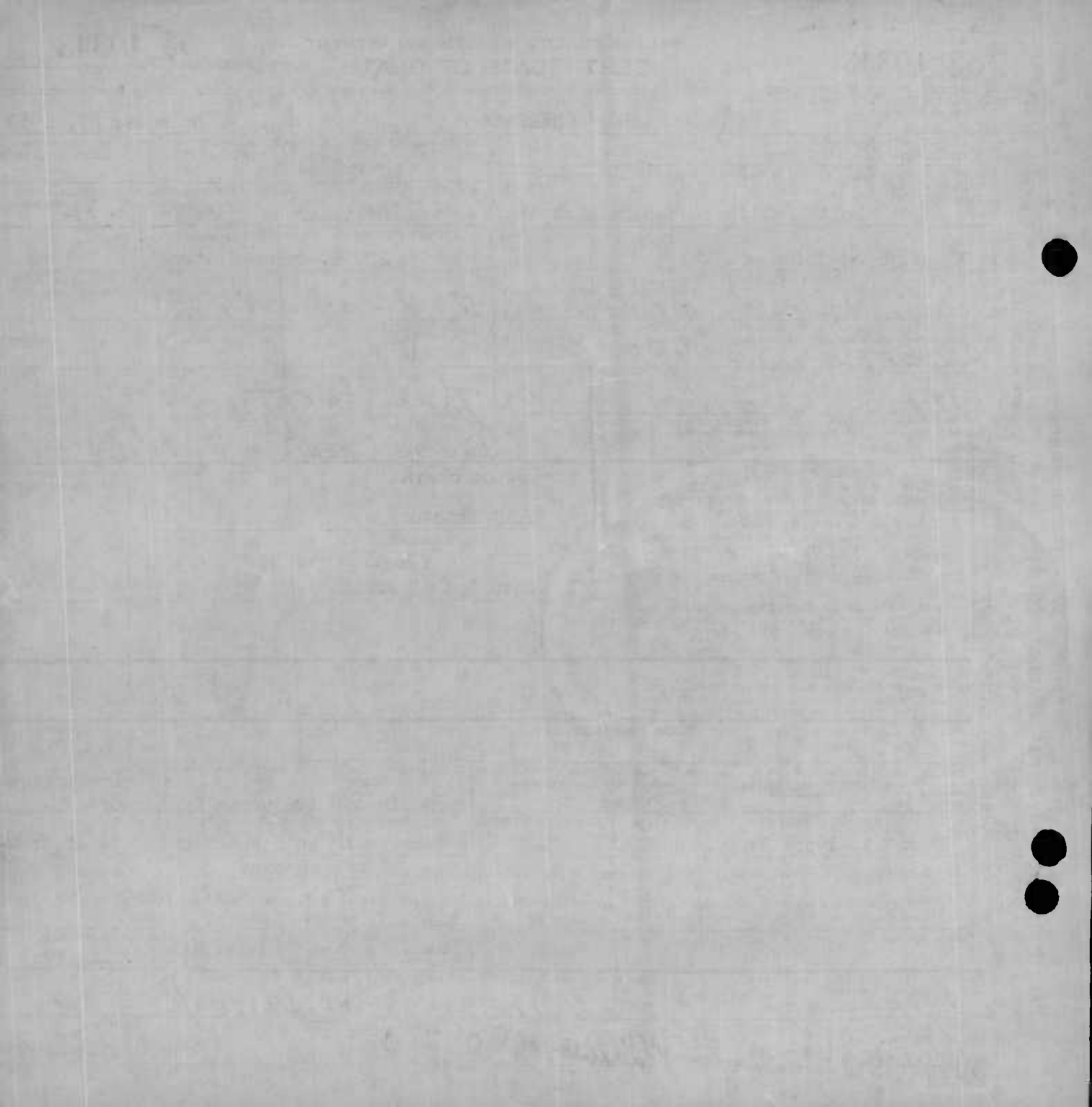
ANTECEDENT CAUSES
(B) Contusion of brain

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 2515 Drawbridge	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Nov. 23, 1953 3:00 A. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Passenger in auto which hit gate of drawbridge	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Nov. 24, 1953	

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
BURIAL		11-27-53		MT. OLIVE		MT. OLIVE HILLS Mt.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS			
NOV 24 1953		Huntington Williams, M.D.		Joseph B. Koch, Jr. 1304 N. Central			



53 10344

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 10344

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PAULINE KARAMANOLIS.

2. DATE
OF
DEATH

NOV. 22, 1953.

3. PLACE OF DEATH: MONTEBELLO HOSPITAL

A. Baltimore City, Maryland BALTIMORE 18, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution; residence
before admission)

A. STATE MARYLAND. B. COUNTY BALTIMORE

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

MONTEBELLO HOSPITAL.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1707 ALICEMNA STREET

MONTEBELLO HOSPITAL

c. Length of stay in Baltimore

31

5. SEX

FEMALE

6. COLOR OR RACE

WHITE.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED.

8. DATE OF BIRTH

Oct. 26, 1898.

9. AGE (In years
last birthday)

55

If Under 1 Year

Months: Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

GREECE

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

NICHOLAS THEOHARIDOS.

14. MOTHER'S MAIDEN NAME

Ev. Kourmouzis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

-

17. INFORMANT

HOSPITAL RECORD

ADDRESS

Aristides Canelos 15 S. Mount St.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

TERMINAL BRONCHOPNEUMONIA

1 WEEK

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

HYPERTENSIVE ARTERIOSCLEROTIC
CARDIO VASCULAR DISEASE

YEARS.

(C) DUE TO

QUADRIPLSIA WITH APHASIA DUE
MULTIPLE CEREBRAL ACCIDENTS

3 YEARS

II

OTHER SIGNIFICANT CONOITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from OCT 21 1953, to NOV. 22 1953, that I last saw the
deceased alive on NOV. 22 1953, and that death occurred at 2:25 Pm., from the causes and on the date stated above.

23A. SIGNATURE

Paul Rist.

M. D.

23B. ADDRESS

MONTEBELLO HOSPITAL
BALTIMORE 18, Md.

23C. DATE SIGNED

NOV. 22, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-25-53

24C. NAME OF CEMETERY OR CREMATORY

Greek Cem.

24D. LOCATION (City, town, or county)

Balto Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 24 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Kambros Inc. 440 E. North Ave.

ADDRESS

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DOA - MAF

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 10345**BIRTH NO. **53 10345**

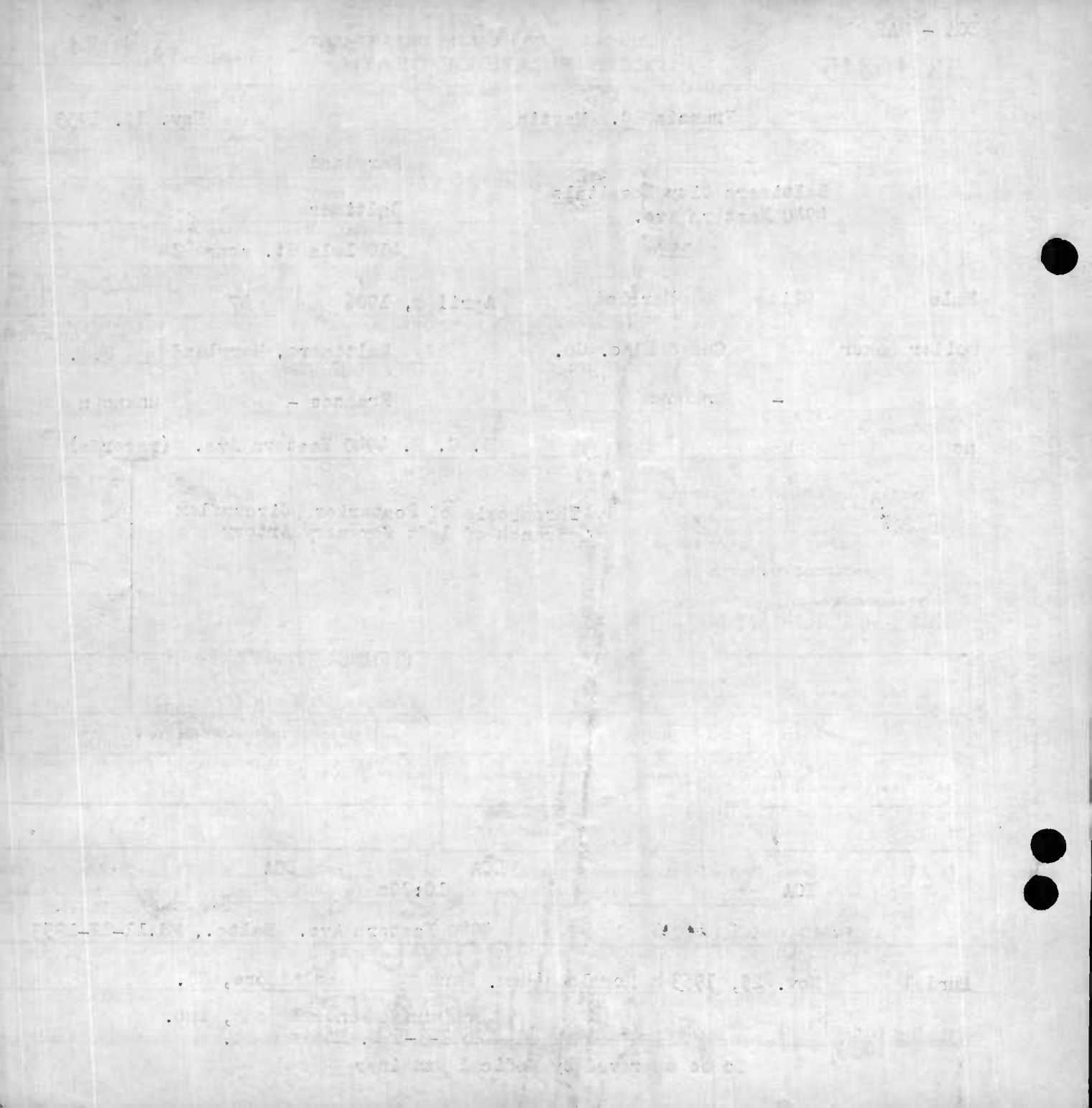
1. NAME OF DECEASED (Type or Print) Francis C. Martin			2. DATE OF DEATH Nov. 22, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-85		
D. STREET ADDRESS (If rural, give location) 410 Imla St. zone "24"			E. LENGTH OF STAY IN BALTIMORE life Yrs. Mos. Days		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 8, 1906		9. AGE (In years last birthday) 47
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boiler Maker		10B. KIND OF BUSINESS OR INDUSTRY Gas & Elec. Co.	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME unknown			14. MOTHER'S MAIDEN NAME Frances - unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS B. C. H. 4940 Eastern Ave. (records)		

1B. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Thrombosis of Posterior Circumflex Branch of left Coronary Artery			INTERVAL BETWEEN ONSET AND DEATH
CAUSE OF DEATH DUE TO			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 7	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from DOA , 19__, to DOA , 19__, that I last saw the deceased alive on DOA , 19__, and that death occurred at 10:20a.m. , from the causes and on the date stated above.			
23A. SIGNATURE H. John Doe		23B. ADDRESS 4940 Eastern Ave. Balto., Md.	23C. DATE SIGNED 11-22-1953

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov. 25, 1953	24C. NAME OF CEMETERY OR CREMATORY Moreland Mem. Park	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 24 1953	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Thimune Funeral Home, Inc. 2601 3-5 E. Madison St.	

To be approved by Medical Examiner

503 SE



W-123

53 10346

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10346

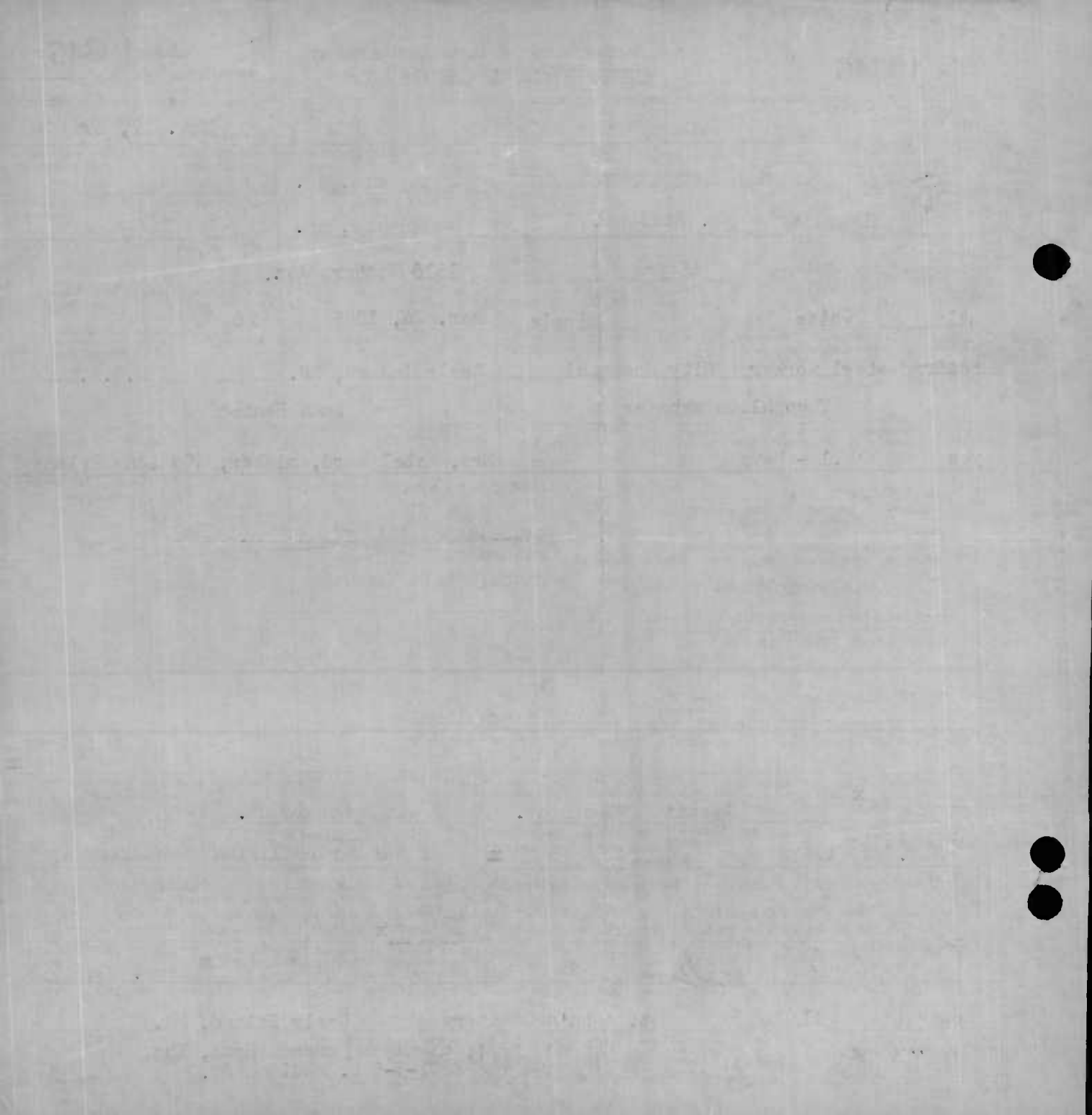
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) HARLAN COOK WEBSTER			2. DATE OF DEATH Nov. 22, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Baltimore, Md. B. COUNTY					
B. FULL NAME OF HOSPITAL OR INSTITUTION University of Md. Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltim re, Md. 3-01					
c. Length of stay in Baltimore 45 yrs			D. STREET ADDRESS (If rural, give location) 1616 Eastern Ave.					
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Mar. 24, 1885		9. AGE (In years last birthday) 68		If Under 1 Year Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired steel worker			10B. KIND OF BUSINESS OR INDUSTRY City Hospital			11. BIRTHPLACE (State or foreign country) Deals Island, Md.		
13. FATHER'S NAME Theophilus Webster			14. MOTHER'S MAIDEN NAME Emma Benton			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) yes W.W.1 - Navy			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Mrs. Mabel Ward, sister, 403 Long Island		
18. E 812.5 and 322.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Multiple skull fractures Crushed right chest Fracture left femur			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Acute alcoholism								
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Pratt & Howard St.			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Pratt & Howard St. 4/1		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Nov. 22, 1953			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			21F. HOW DID INJURY OCCUR? Bus and Car collision (Pedestrian)		
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .								
22A. SIGNATURE Joseph A. Jasimczyk			22B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....			23C. DATE SIGNED Nov. 23, 1953		
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal			24B. DATE 11/25/53			24C. NAME OF CEMETERY OR CREMATORY St. John's Cemetery		
24D. LOCATION (City, town, or county) (State) Deals Island, Md.			24E. DATE RECEIVED BY LOCAL REGISTRAR NOV 24 1953			24F. REGISTRAR'S SIGNATURE Huntington Williams		
24G. FUNERAL DIRECTOR Scimmonek Funeral Home, Inc.			24H. ADDRESS 2601-3-5 E. Madison St.					

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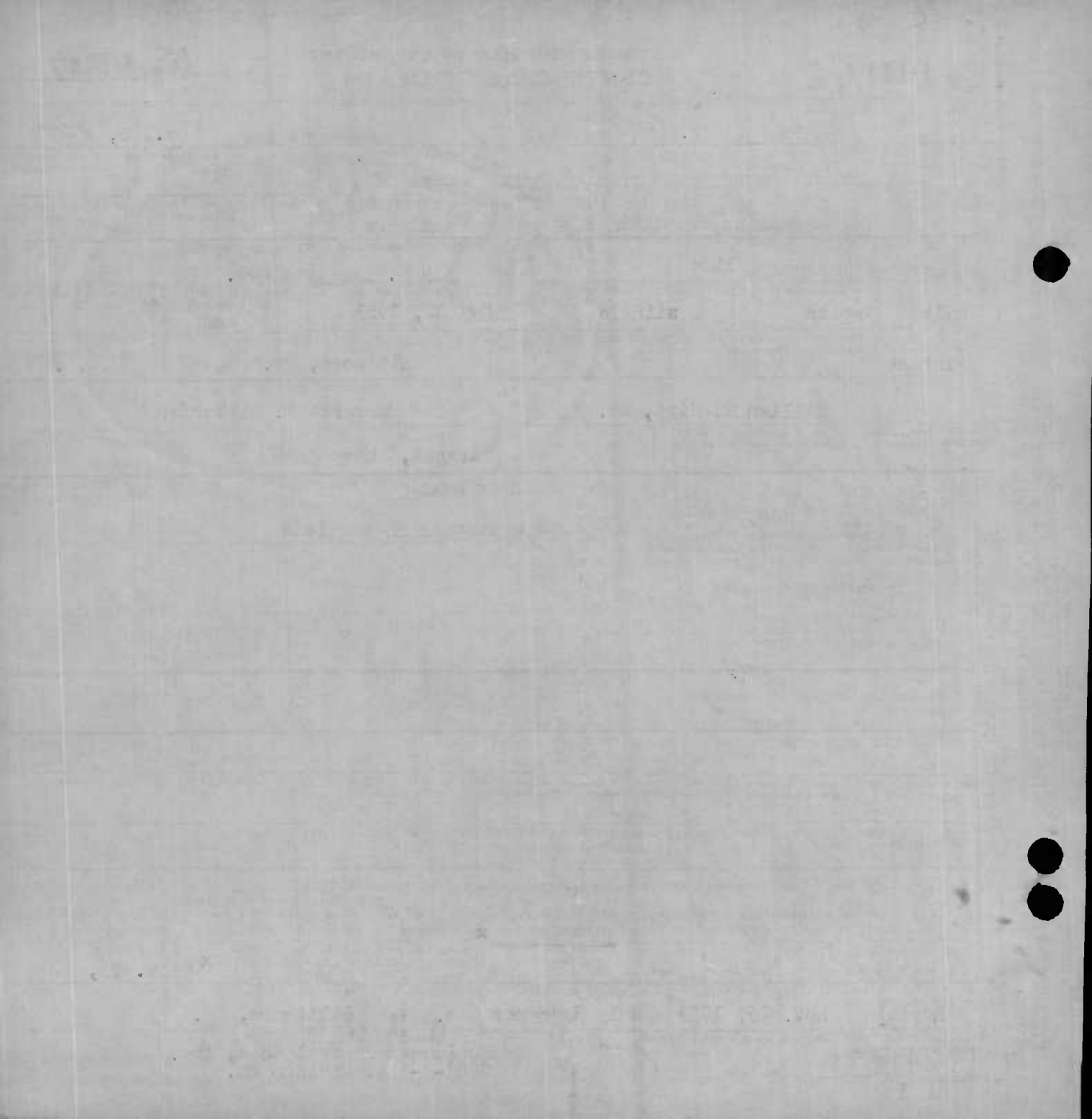
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 10347 53-11835
BIRTH NO.

53 10347

1. NAME OF DECEASED (Type or Print) JOSEPH P. PITT		2. DATE OF DEATH Nov. 22, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore life		D. STREET ADDRESS (If rural, give location) 515 N. Lakewood Ave.	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH May 22, 1953
9. AGE (In years last birthday) 6 mos		10. UNDER 1 Year Months: Days: Hours: Min.	11. UNDER 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William R. Pitt, Sr.		14. MOTHER'S MAIDEN NAME Margaret F. Wiedorfer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Parents, above		ADDRESS	
18. 492x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Interstitial Pneumonitis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE Joseph A. Joachimczyk		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED Nov. 23, 1953			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov. 25, 1953	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 24 1953	REGISTRAR'S SIGNATURE Huntington Wallhouse	25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10348

BIRTH NO. 53 10348

1. NAME OF DECEASED (Type or Print) VERGIE HEABSPETH			2. DATE OF DEATH Nov. 22, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Virginia B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 402 N. Pine St. 1st floor			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 17-03		
C. Length of stay in Baltimore ? Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 402 N. Pine St. Balto. Md.		
5. SEX f	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 1911	9. AGE (In years last birthday) 42	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) D		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Va.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME ?			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. ?		17. INFORMANT ADDRESS Thompson's Funeral Home Va.
18. 491 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Broncho-pneumonia lower lobes DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Joseph G. Jackson		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Nov. 23, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/27/53	24C. NAME OF CEMETERY OR CREMATORY Mulberry Cemetery	24D. LOCATION (City, town, or county) (State) Esorton, Va.		
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Huntington W. Adams, Jr.	25. FUNERAL DIRECTOR Geo. H. Kelson		ADDRESS 1303 Presstman St.	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10349

BIRTH NO. 53 10349

1. NAME OF DECEASED
(Type or Print)

William Gent

2. DATE OF DEATH
November 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1223 N. Parrish St.

C. CITY OR TOWN

Balto.

D. STREET ADDRESS (If rural, give location)

1223 N. Parrish St.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

1891

9. AGE (In years last birthday)

71

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

Sophia Burrs

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL SECURITY NO.
214-16-304617. INFORMANT ADDRESS
William S. Gent 1223 N. Parrish St.

18.

421.0

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

2 years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1953, to Nov. 23, 1953, that I last saw the deceased alive on 11-3-1953, and that death occurred at 7:00 a.m., from the causes and on the date stated above

23A. SIGNATURE

George C. Hage

23B. ADDRESS

M. O.

1816 N. Mount St.

23C. DATE SIGNED

11-24-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/25/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

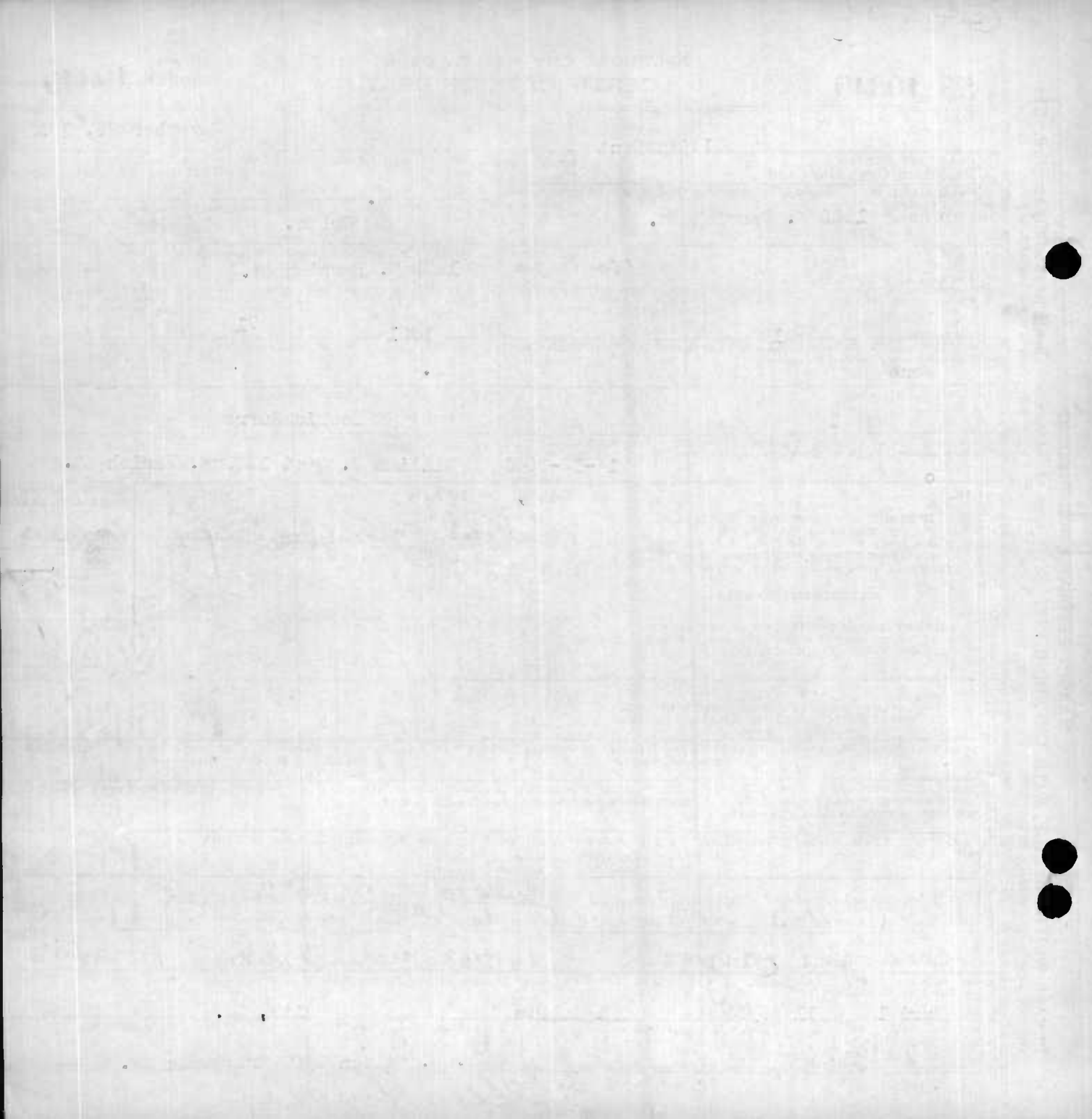
25. FUNERAL DIRECTOR

ADDRESS

NOV 24 1953

Huntington Hillman, M.D. 1303 Presstman St.

Geo. S. Kelson



5-163

BALTIMORE CITY HEALTH DEPARTMENT

53 10350

53-10350

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print) Master Vernon SHEPHARD		2. DATE OF DEATH 11/23/53	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Baltimore b. COUNTY Maryland	
5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bon Secours Hospital 2025 W. Fayette Street.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Middle River 5254	
6. DATE OF DEATH (If rural, give location) 20 West Wing Drive Balto. - 20th		7. DATE OF BIRTH 7/17/53	
8. SEX M.		9. AGE (In years last birthday) 4	
10. COLOR OR RACE W		11. BIRTHPLACE (State or foreign country) Baltimore Maryland	
12. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single		13. CITIZEN OF WHAT COUNTRY? U.S.	
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		15. KIND OF BUSINESS OR INDUSTRY none	
16. FATHER'S NAME Melvin B Shephard --		17. MOTHER'S MAIDEN NAME Hildred Brooks.	
18. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		19. SOCIAL SECURITY NO.	
20. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Post operative sepsis following repair of pectoral excruciation		21. INTERVAL BETWEEN ONSET AND DEATH	
22. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Possible pulmonary or cerebral embolus		23. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
24. DATE OF OPERATION 11/23/53		25. MAJOR FINDINGS OF OPERATION	
26. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
27. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		28. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
29. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
30. TIME (Month) (Day) (Year) (Hour) OF INJURY		31. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
32. HOW DID INJURY OCCUR?			
33. I hereby certify that I attended the deceased from 11/23/53 , 19 53 , to 11/23/53 , 19 53 , that I last saw the deceased alive on 11/23 , 19 53 , and that death occurred at 10:15 a.m., from the causes and on the date stated above.			
34. SIGNATURE Bernard J. Byrnes		35. ADDRESS Bon Secours Hosp.	
36. DATE SIGNED 11/23/53			
37. BURIAL, CREMATION, REMOVAL (Specify) Burial		38. DATE 11/27/53	
39. NAME OF CEMETERY OR CREMATORY Loudon Plc.		40. LOCATION (City, town, or county) Balto. 29. Mid	
41. RECEIVED BY LOCAL REGISTRAR Huntington Williams		42. FUNERAL DIRECTOR Wm. J. Pickens & Sons	
43. ADDRESS Balto 17. Mid.			

"The above sequence of events should have been reversed and the word 'hyperpyrexia' instead of 'sepsis' was supposed to have been used. The decedent was admitted to Bon Secours Hospital 11-21-53, died 11-23-53 and was attended by the hospital staff during this time. No autopsy was performed. The child had a normal birth record with no abnormalities or congenital defects observed. The operation - Repair of Pectus Excavatum - was performed at Bon Secours Hospital on 11/23/53. Indication for Operation: Pectus excavatum with a noticeable difference in child's breathing beginning 2 months prior to admission.

4-155

53 10351

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10351
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Geraldine B. Hoffman

2. DATE
OF
DEATH

Nov. 22nd., 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1614 Aisquith Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

City

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1614 Aisquith Street

E. Length of stay in Baltimore

About 24 Yrs. 5 Mos. 5 Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 26th., 1910

9. AGE (in years last birthday)

42 1/2

10. Under 1 Year

Months: Days

11 26

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Indiana

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Benjamin Wasson

14. MOTHER'S MAIDEN NAME

Revia Truex

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.

219-05-4539

17. INFORMANT

ADDRESS

Mr. Thomas Ellsworth Hoffman

1614 Aisquith Street

18. 170X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

10 Min.

4 months

20 mth.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-31, 1952 to 11-22, 1953 that I last saw the deceased alive on 11-13, 1953, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

11/27.53

Baltimore Cemetery

E. North Ave. Balto: Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

George J. Ruth, Inc. - 1735 Harford Avenue

M-530

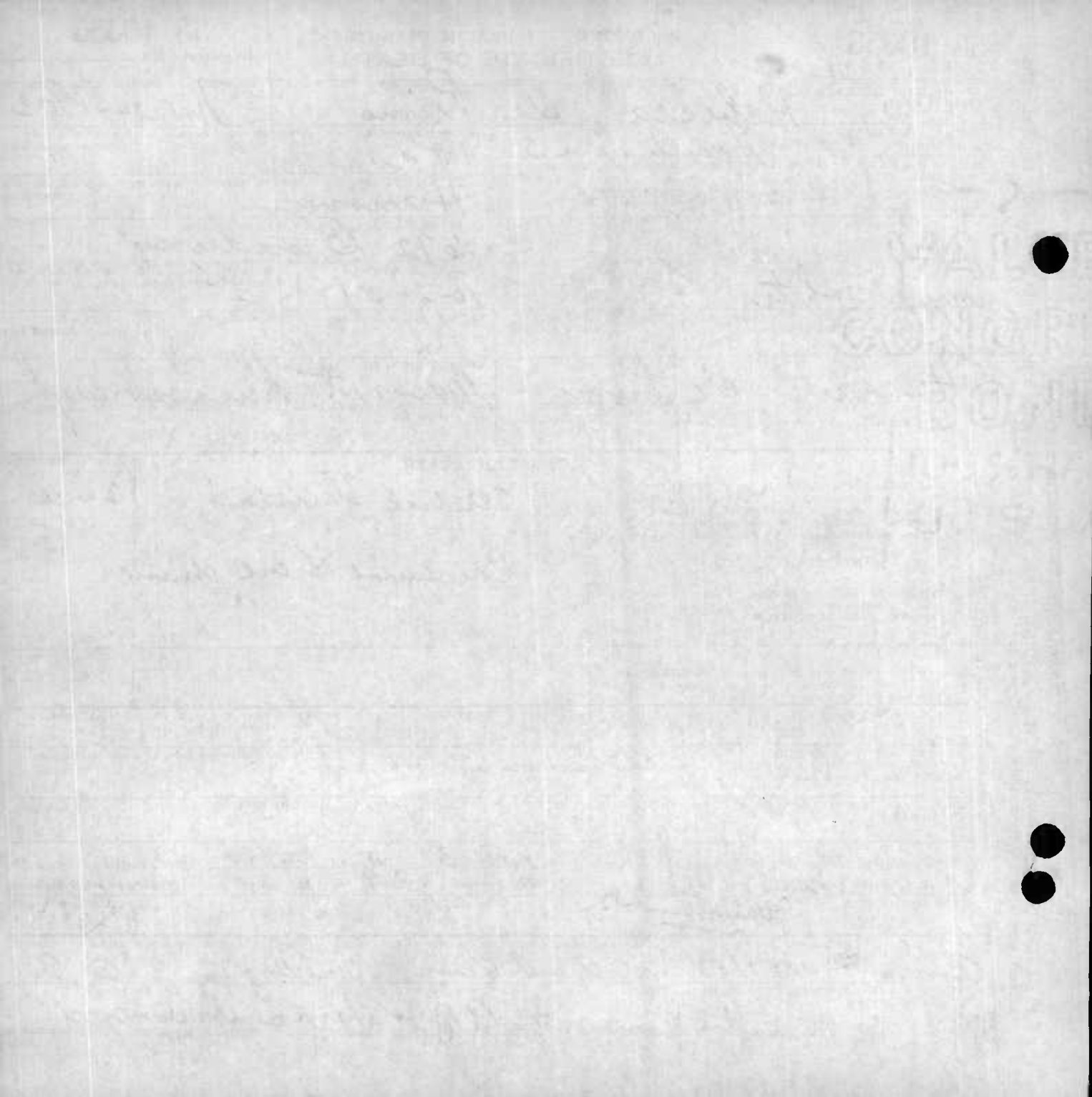
53 10352

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10352

BIRTH NO.		1. NAME OF DECEASED (Type or Print) SARAH GRACE HEATH MENDE		2. DATE OF DEATH Nov. 22, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		D. STREET ADDRESS (If rural, give location) 1319 W. Lombard St.	
c. Length of stay in Baltimore LIFE		Yrs. Mos. Days		5. SEX FEMALE	
6. COLOR OR RACE WHITE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 12-7-1903	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SEAMSTRESS		10B. KIND OF BUSINESS OR INDUSTRY SLIP COVERS		9. AGE (In years last birthday) 49	
13. FATHER'S NAME WILLIAM WILSON		14. MOTHER'S MAIDEN NAME AGNES SOPHER		11. BIRTHPLACE (State or foreign country) MARYLAND	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NONE		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
17. INFORMANT ERIC MENDE, Sr.		ADDRESS 1319 LOMBARD ST.			
18. 443X		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Hypertensive Cardiovascular disease			
DUE TO		(B) Pulmonary Edema			
ANTECEDENT CAUSES		DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Joseph G. Jashinsky		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Nov. 23, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 11-26-53		24C. NAME OF CEMETERY OR CREMATORY London Park	
24D. LOCATION (City, town, or county) (State) BALTIMORE, MD.		24E. DATE RECEIVED BY LOCAL REGISTRAR NOV 24 1953		24F. REGISTRAR'S SIGNATURE William W. Williams, M.D.	
24G. FUNERAL DIRECTOR George L. Schwab		24H. ADDRESS 2101 Frederick Ave		VS 151ls 6904H	

53 10353		BALTIMORE CITY HEALTH DEPARTMENT		53 10353	
BIRTH NO. <i>non les-</i>		CERTIFICATE OF DEATH			
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH		3. PLACE OF DEATH:	
<i>Rebecca De Primo</i>		<i>Nov. 24-1953</i>		<i>Baltimore City, Maryland</i>	
4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)		5. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)		6. STREET ADDRESS (If rural, give location)	
<i>Pa.</i>		<i>Hanover</i>		<i>672 Broadway</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)	
<i>Single</i>		<i>10-2-51</i>		<i>2</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
<i>None</i>		<i>None</i>		<i>Pa.</i>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
<i>None</i>		<i>Michael De Primo</i>		<i>Margaret Luckenbaugh</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
<i>No</i>		<i>None</i>		<i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>754.4</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Cerebral Thrombosis</i>		<i>2 weeks.</i>	
ANTECEDENT CAUSES		(B) <i>Coronary heart disease</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
<i>Nov. 24, 1953</i>		<i>None</i>		<i>None</i>	
20A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		20B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
<i>No</i>		<i>None</i>		<i>None</i>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
<i>None</i>		<i>None</i>		<i>None</i>	
22. I hereby certify that I attended the deceased from <i>Nov. 3</i> 1953, to <i>Nov. 24</i> 1953, that I last saw the deceased alive on <i>Nov. 24</i> 1953, and that death occurred at <i>10:15 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
<i>Horstmann</i>		<i>JOHNS HOPKINS HOSPITAL</i>		<i>11/24/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
<i>Burial</i>		<i>11/27/53</i>		<i>Mt. Carmel Cem.</i>	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR ADDRESS		25. FUNERAL DIRECTOR ADDRESS	
<i>Heidelberg Twp. York Co., Pa.</i>		<i>R B Wright</i>		<i>Manchester Md</i>	



T-460

53 10354

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10354

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE D. TAYLOR

2. DATE
OF
DEATH

11-21-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION

2733 KILDAIRE DRIVE

C. CITY OR TOWN (If outside corporate limits, write R.U.R. and give
township)

BALTIMORE 27-07

C. Length of stay in Baltimore

53 yrs.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2733 KILDAIRE DRIVE

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

6-14-1870

9. AGE (In years
last birthday)

83

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

RAILWAY EXPRESS CO.

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

JOHN T. TAYLOR

14. MOTHER'S MAIDEN NAME

MARY J. BARRICK

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

714-05-6966

17. INFORMANT

Mrs. CLIFTON CHAINES

ADDRESS

Above

18. 260X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Diabetes Mellitus

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Refused treatment until

(C)

Comatose 11-14-53

Senility

INTERVAL BETWEEN
ONSET AND DEATH

3 years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., io or
about home, farm, factory, street, office bldg., etc.)

None

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

None

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-14, 1953, to 11-21, 1953, that I last saw the
deceased alive on 11-21, 1953, and that death occurred at 9 p. m., from the causes and on the date stated above.

23A. SIGNATURE

F. L. GORDY

M. D.

23B. ADDRESS

5706 Harford Rd

23C. DATE SIGNED

11-28-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

11-25-53

24C. NAME OF CEMETERY OR CREMATORY

MOUNT OLIVET CEM.

24D. LOCATION (City, town, or county)

FREDERICK

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 24 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

G. Truman Schuch

ADDRESS

3512 Frederick Ave.

5-430

53 10355

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10355

BIRTH NO.

NAME OF DECEASED
(Type or Print)

Nellie V. Slade

2. DATE
OF
DEATH

Nov. 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Baltimore, Md*B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION *Melchor Nursing Home*
*2327 N. Charles Street*4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE *Md.* B. COUNTY *Md.*C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
*657 Dumbarton Avenue*D. STREET ADDRESS (If rural, give location) *9-01*

5. Length of stay in Baltimore

6. SEX *Female* 6. COLOR OR RACE *White* 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *Widowed*8. DATE OF BIRTH *Aug 24, 1874* 9. AGE (In years last birthday) *79*10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Housewife* 10B. KIND OF BUSINESS OR INDUSTRY *at home*11. BIRTHPLACE (State or foreign country) *New Jersey* 12. CITIZEN OF WHAT COUNTRY? *U. S. C.*13. FATHER'S NAME *Charles Stoplee*14. MOTHER'S MAIDEN NAME *Sarah L. Van Horn*15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) *No* 16. SOCIAL SECURITY NO. *2*17. INFORMANT *Sarah L. Slade* ADDRESS *657 Dumbarton Ave.*18. *260x*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) *Myocardial infarction**7 years*

DUE TO

(B) *Chronic angina pectoris**12 "*

DUE TO

(C) *Chronic Nephritis, Diabetic, Advanced Age**15 "*

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

*Suffered a Cerebral Thrombosis Sept. 24, 1953*19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from *Sept. 24, 1953* to *Nov. 23, 1953* that I last saw the deceased alive on *Nov. 23, 1953*, and that death occurred at *8:25 P. M.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR REPOSITORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 24 1953

Huntington Williams, M.D. *Wm. Cook, Inc., 1211 St. Paul St.*

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 10356

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Norman E. Rash

2. DATE

OF DEATH Nov. 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Washington, D.C.

B. COUNTY

B. FULL NAME OF (not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONCity Morgue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1332 31st St., N. W.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)single

8. DATE OF BIRTH

Oct. 21, 19229. AGE (In years
last birthday)31If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Legal Worker10B. KIND OF BUSINESS OR
INDUSTRYBethesda, Maryland

11. BIRTHPLACE (State or foreign country)

Virginia12. CITIZEN OF
WHAT COUNTRY?U. S. A.

13. FATHER'S NAME

Edward F. Rash

14. MOTHER'S MAIDEN NAME

Elma V. Gee15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)yesW. W. #216. SOCIAL
SECURITY NO.224-14-5889

17. INFORMANT

ADDRESS

Clark Funeral Home, Kendridge, Virginia18. E929.8

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Drowning

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)water-river21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?Easeport Bridge, Spa Creek-Annapolis, Md21D. TIME (Month) (Day) (Year) (Hour)
OF INJURYNovember 21, 1954

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Found drowned22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒

23A. SIGNATURE

Joseph A. Jackson

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☒MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Nov. 23, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)Removal

24B. DATE

11/25/53

24C. NAME OF CEMETERY OR CREMATORY

Kendridge

24D. LOCATION (City, town, or county)

Kendridge,VirginiaDATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

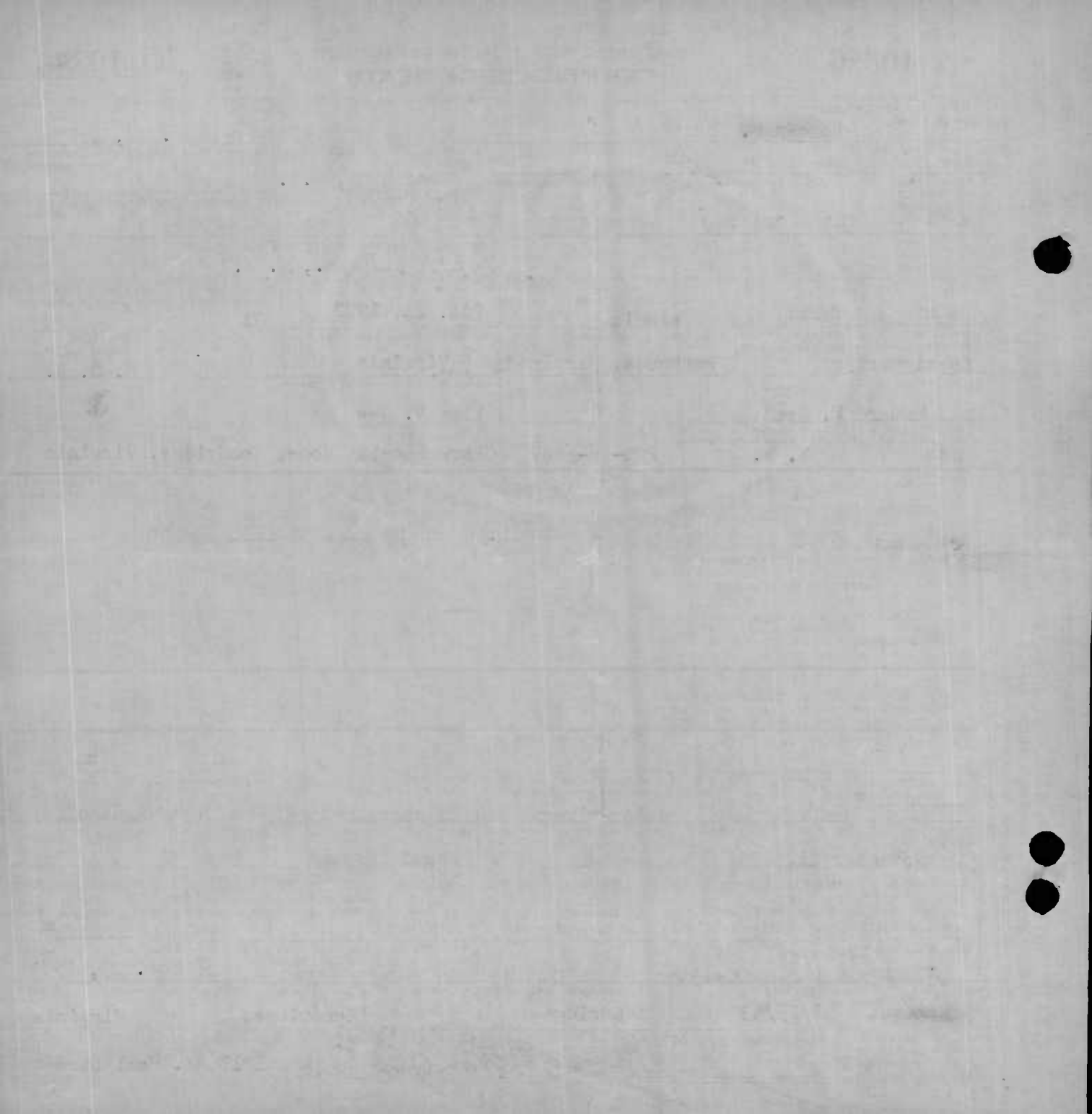
25. FUNERAL DIRECTOR

ADDRESS

NOV 24 1953William Cook, Inc., 1217 St. Paul Street

VS 151

N 990X390 92



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10357
Registered No.

E-263
53 10357

BIRTH NO.

1. NAME OF DECEASED (Type or Print) FERDINAND H. ECKERT		2. DATE OF DEATH November 23, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-03	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 414 E. 27th Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Feb. 12, 1943
9. AGE (in years last birthday) 10		10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10B. KIND OF BUSINESS OR INDUSTRY --	
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Ferdinand H. Eckert		14. MOTHER'S MAIDEN NAME Velma H. Moore	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -- (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. --	
17. INFORMANT		ADDRESS Mrs. Mary Strevig, 851 McKim Street	

18. E812.01 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Crushed chest MASSIVE right pleural hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST. Fracture of pelvis Multiple contusions and abrasions		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Alley	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Rear of Greenmount Avenue & 25th Street
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Nov. 23, 1953 12:45 P.m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Pedestrian struck by truck
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE <i>William H. Cook</i>	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED Nov. 24, 1953
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 11/27/53	24C. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	24E. FUNERAL DIRECTOR William H. Cook Inc.	24F. ADDRESS 1217 St. Paul Street

DATE RECEIVED BY LOCAL REGISTRAR
NOV 24 1953

REGISTRAR'S SIGNATURE
William H. Cook

151 js N-862.20

1901-20

Office of the
Director of the
Bureau of the Census

Washington, D.C.

Report on the
Census of the
United States
for the year 1900

Published by the
Government Printing Office
Washington, D.C.
1901

H-635
53 10358BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 10358

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROSETTA HARDMAN

2. DATE
OF
DEATH

11/23/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION(If not in hospital or institution, give street address or
location)

Univ. Hosp.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

Balto.

14-03

D. STREET ADDRESS (If rural, give location)

2217 Brent St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE MARRIED.
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

11/24

9. AGE (In years
last birthday)

40

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Louis Buck

14. MOTHER'S MAIDEN NAME

Annie Hardman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Annie Jackson 182 W Hamling St

18. 171X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Uterine obstruction

DUE TO

(C)

Carcinoma of the cervix

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

Uremic convulsions

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 11/23, 1953, to 11/23, 1953, that I last saw the
deceased alive on 11/23, 1953, and that death occurred at 12:20 P.M., from the causes and on the date stated above.

23A. SIGNATURE

J. H. Williams

M. D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

11/23/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

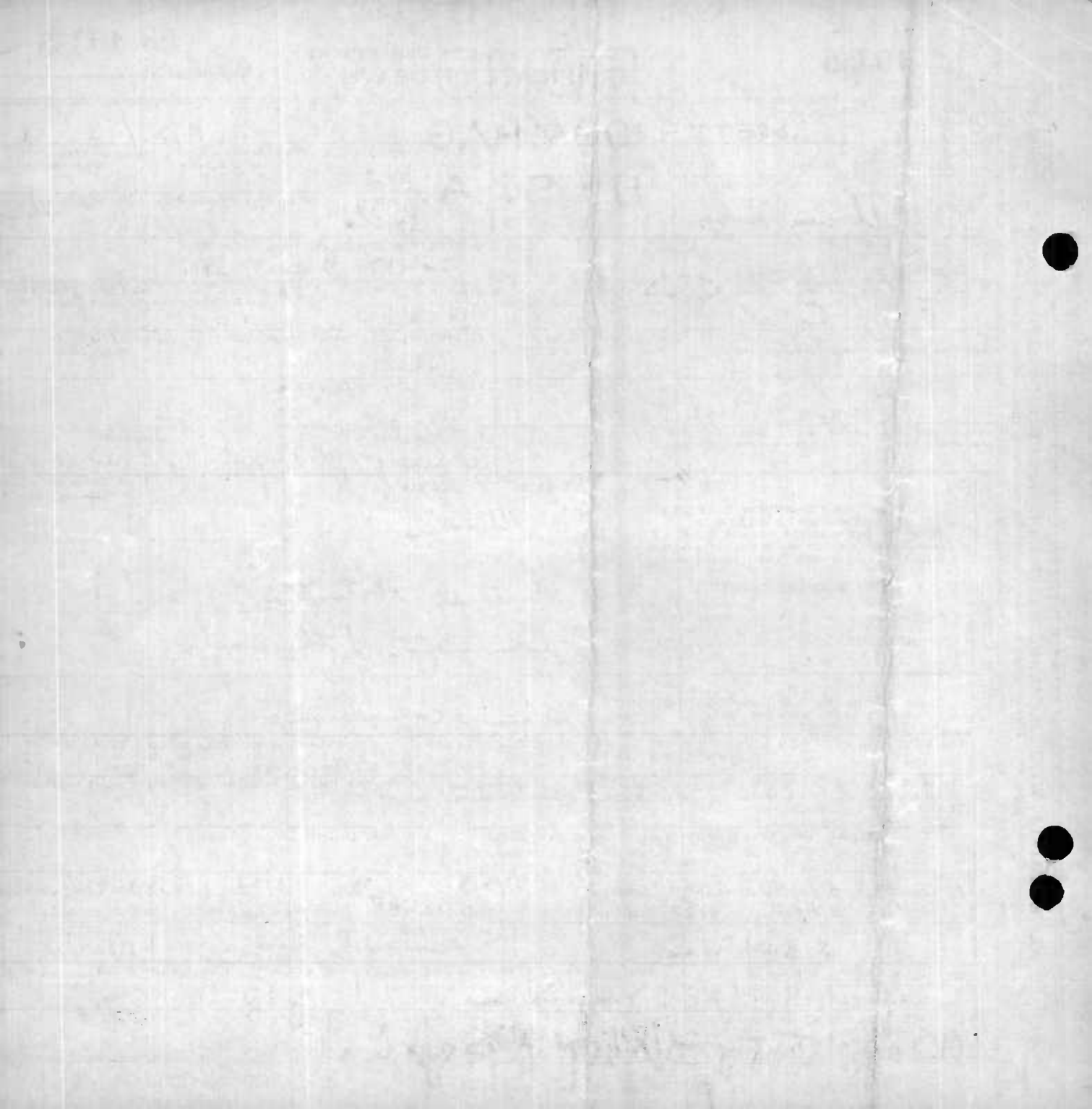
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 24 1953

Huntington Williams, M.D. Sarah L. Brown Son



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

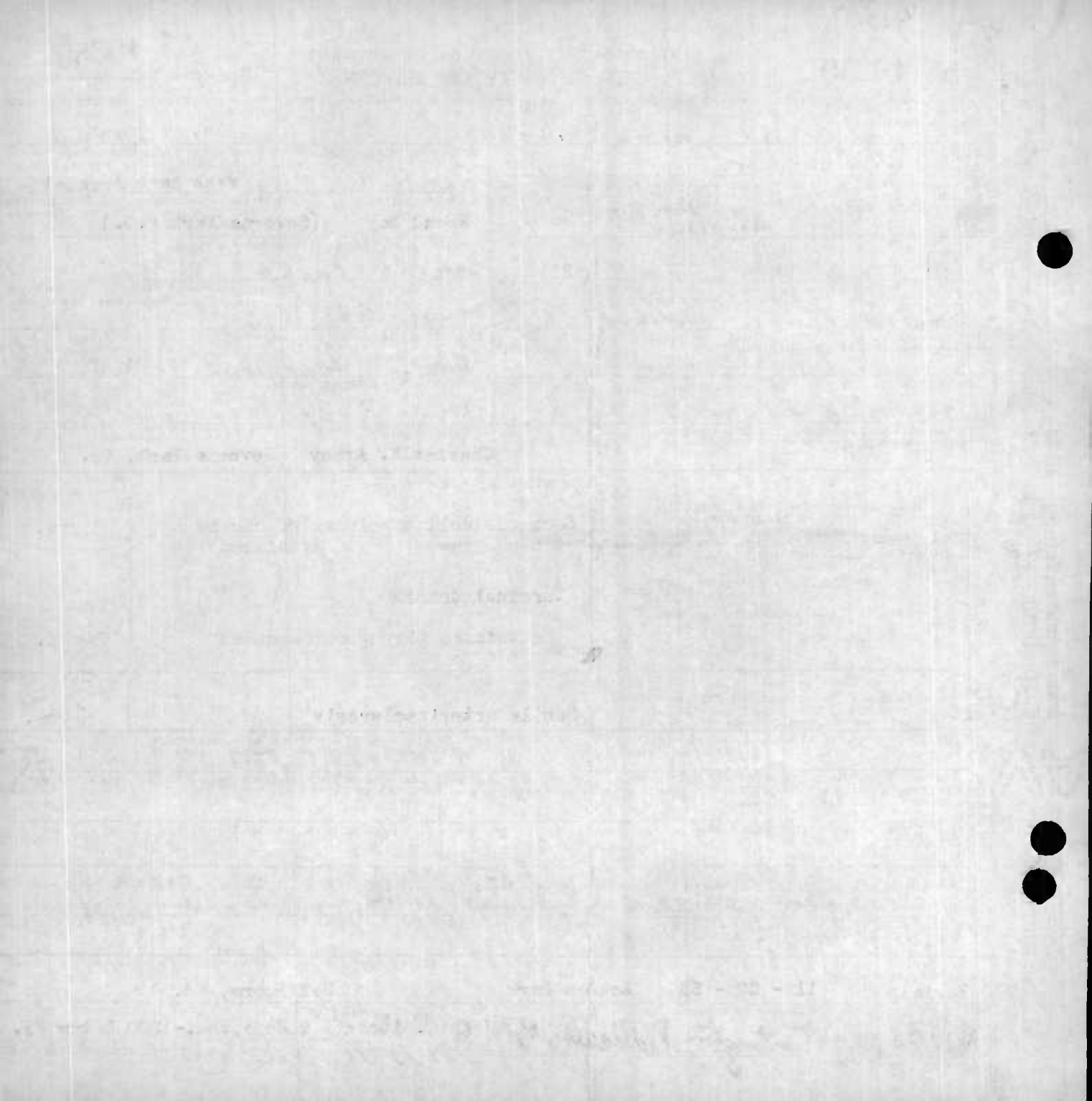
53 10359

BIRTH NO.

53 10359

1. NAME OF DECEASED (Type or Print) Avarilla Anna Athey			2. DATE OF DEATH 11-24-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Anne Arundel		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Hospital For the Women of Maryland			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Round Bay (Severna Park P.O.)		
c. Length of stay in Baltimore 21 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) Severna Park 5200		
5. SEX Female	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 7-11-'77		9. AGE (In years, last birthday) 76
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Balti. Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Charles G. Edwards			14. MOTHER'S MAIDEN NAME Mary Frey		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Charles E. Athey Severna Park, Md.		

18. 171X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Squamous cell carcinoma of cervix metatased DUE TO				INTERVAL BETWEEN ONSET AND DEATH 3 yrs.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Terminal uremia DUE TO Metastases throughout abdomen (C)				3 wks.	
II OTHER SIGNIFICANT CONOITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Senile arteriosclerosis				5 yrs.	
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-1 , 19 53 , to 11-24 , 19 53 , that I last saw the deceased alive on Nov 23 , 19 53 , and that death occurred at 10:30 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE Edward Heard Reimann M. D.			23B. ADDRESS		23C. DATE SIGNED 11/24/53
24A. BURIAL CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-27-53		24C. NAME OF CEMETERY OR CREMATORY Loudon Park	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR ADDRESS John Q. Mitchell & Sons, Inc. - 1900 Eutaw Pl. M B Mitchell			
DATE RECEIVED BY LOCAL REGISTRAR NOV 24 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			



M-600

53 10360
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10360
Registered No.

1. NAME OF DECEASED (Type or Print)		ELIZABETH PIERCE MOORE		2. DATE OF DEATH Nov. 24, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY none		5. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-02	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3405 Greenway		C. LENGTH OF STAY IN BALTIMORE life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3405 Greenway	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 9 - 2 - 02	9. AGE (In years last birthday) 51	10. UNDER 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME George Albert Pierce		14. MOTHER'S MAIDEN NAME Emily Harvey	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Garland P. Moore	
18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Carcinoma of Breast DUE TO INTERVAL BETWEEN ONSET AND DEATH 2 yrs		19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) (C)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 9/17/51		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Ca of Lt Breast		20. CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7/16/48, 19__, to 11/24/53, 19__, that I last saw the deceased alive on 11/23/53, 19__, and that death occurred at 10:15 a.m., from the causes and on the date stated above.					
23A. SIGNATURE Francis M. Gluck		23B. ADDRESS 100 W. University Parkway		23C. DATE SIGNED 11/24/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11 - 27 - 53		24C. NAME OF CEMETERY OR CREMATORY Greenmount	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR John G. Mitchell & Sons, Inc.		ADDRESS 1900 Eutaw Pl.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 24 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR John G. Mitchell & Sons, Inc.	

11350

STATE OF CALIFORNIA

Dec. 22, 1923

WILLIAM T. BROWN

Barry

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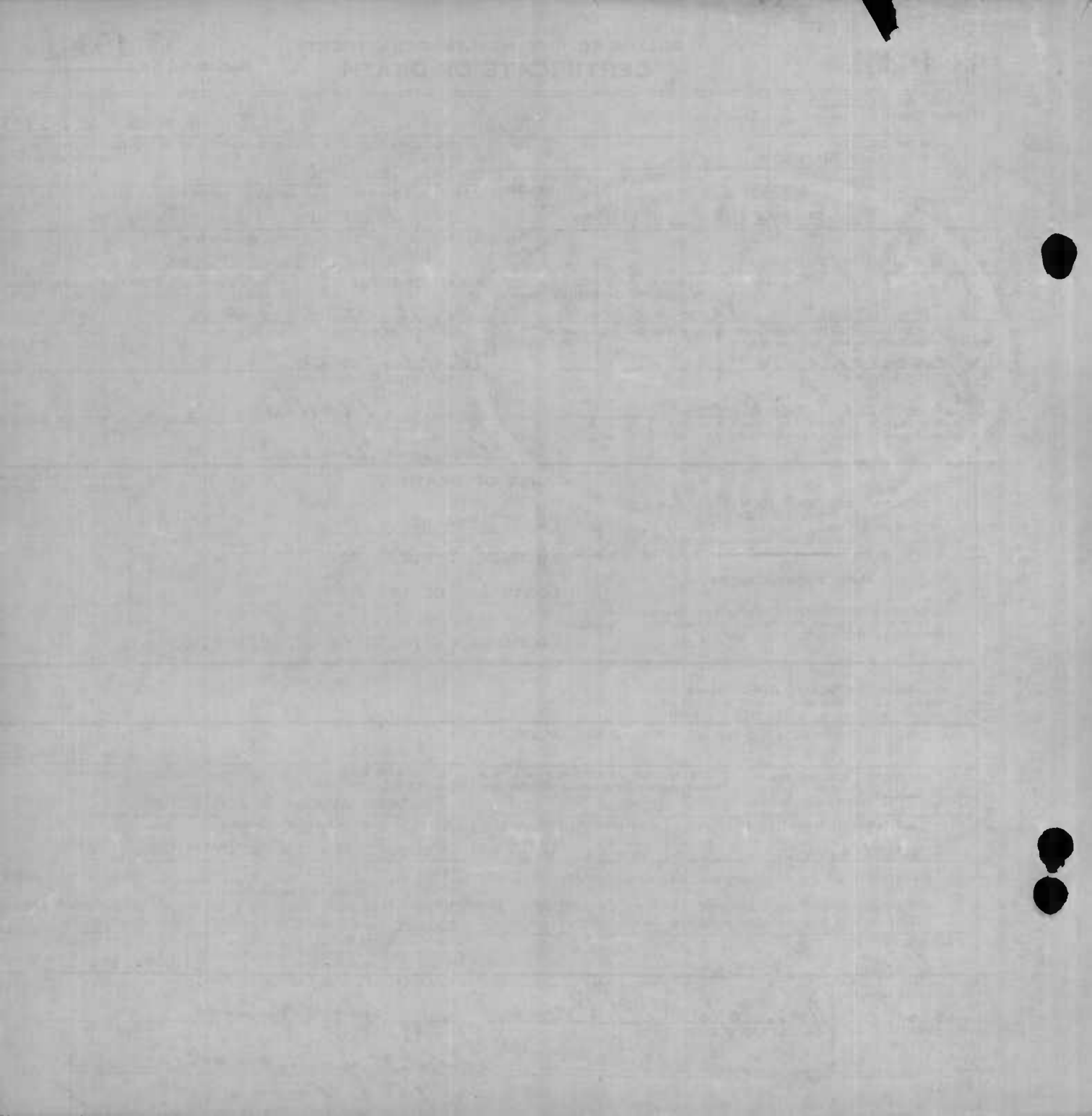
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10361
Registered No.

53 10361 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 10361 Registered No.	
1. NAME OF DECEASED (Type or Print) ERNEST ERICKSON			2. DATE OF DEATH November 24, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 2-01		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 426 S. Chapel Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 23 / 1889	9. AGE (in years last birthday) 64	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seaman		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Michigan	
13. FATHER'S NAME Harner Erickson		14. MOTHER'S MAIDEN NAME Martha		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Anna Lepich	
18. E 812.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Skull fracture Subdural hemorrhage Contusion of brain Comminuted fractures of left tibia and fibula ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Eastern Avenue & Ann Street 2/1	
21D. TIME (Month) (Day) (Year) (Hour) November 4, 1953		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Pedestrian struck by automobile	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William W. Williams		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Nov. 24, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 25/53		24C. NAME OF CEMETERY OR CREMATORY Mt. Carmel	
24D. LOCATION (City, town, or county) (State) Baltimore		24E. NAME OF CEMETERY OR CREMATORY Mt. Carmel		24F. LOCATION (City, town, or county) (State) Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR NOV 24 1953		REGISTRAR'S SIGNATURE William W. Williams		25. FUNERAL DIRECTOR ADDRESS Fred W. Ozarewski	
VS 151		js N 804.2		67355	
				1930 E. ...	



53 10362

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10362
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lewis W. Yensch

2. DATE
OF
DEATH Nov. 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 402 N Chester St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION : not in hospital or institution, give street address or
location)C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

402 N. Chester St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE. MARRIED.
WIDOWED. DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

1877

9. AGE (In years
last birthday)

77

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Bricklayer

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

Louise B. Rumore 1426 N. Pat. P. Rd. line

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary artery sclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Joseph A. Jarman

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

M.D.

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Nov. 23, 1953

24A. BURIAL, REMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

25 Nov 1953

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Rem.

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

John C. Miller Inc.

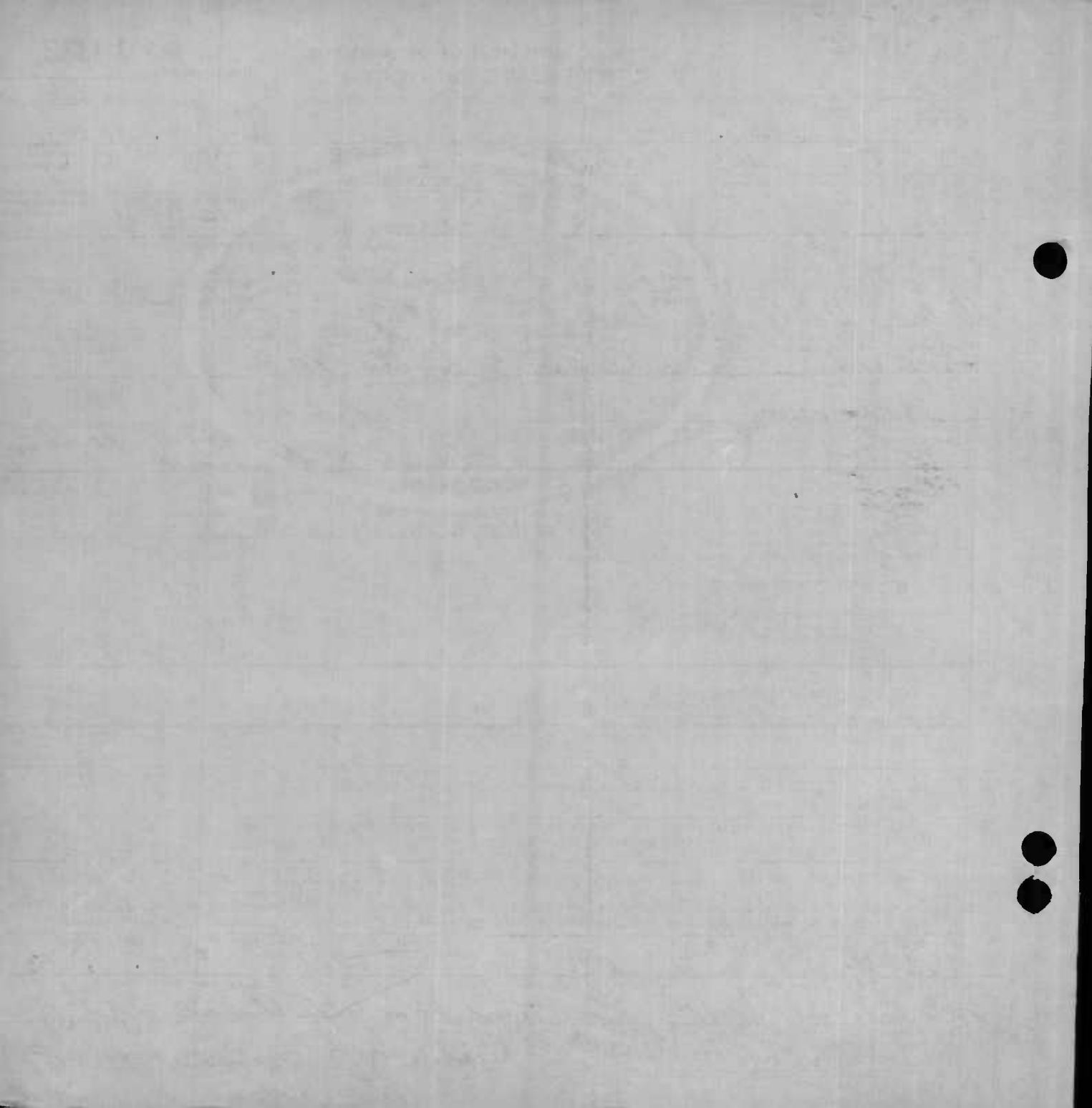
ADDRESS

2431-5 St

VS 151 1s

MARGIN RESERVED FOR BINDING

PLEASE WRITE CAREFULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10363

53 10363

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs Dorothy M O'Laughlin

2. DATE

OF DEATH 11-24-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)

The Mercy Hospital

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

6. Length of stay in Baltimore

20

Yrs.

Mos.

Days

D. STREET ADDRESS (If rural, give location)

628 S. Streepers St #24

7. SEX

Female

8. COLOR OR RACE

white

9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

10. DATE OF BIRTH

Aug. 16, 1909

11. AGE (In years last birthday)

44

12. Under 1 Year

Months: Days

13. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR INDUSTRY

Ab. Home

11. BIRTHPLACE (State or foreign country)

Washington, D. C.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Charles E. Biggs

14. MOTHER'S MAIDEN NAME

Nellie Ingram

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

217-14-3884

17. INFORMANT

Son

ADDRESS

Same

18.

331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Hemorrhage

6 hrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertension

13 mos.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Aspiration Pneumonia

5-6 hrs

19A. DATE OF OPERATION

0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-23, 1953, to 11-24, 1953, that I last saw the deceased alive on 11-24, 1953, and that death occurred at 2:50 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Corbett Quinn

M. O.

23B. ADDRESS

"Mercy"

23C. DATE SIGNED

11-24-53.

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/28/53

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Parkville, Ind.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

NCV 241953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Doyle Kennedy

ADDRESS

Carroll

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 10364BIRTH NO. 53 10364

1. NAME OF DECEASED (Type or Print) Shanahan, Edward Charles			2. DATE OF DEATH 11-24-53		
3. PLACE OF DEATH: a. Baltimore City, Maryland St. Agnes Hospital			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY Baltimore		
b. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore/ Catonsville		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 124 Forest Drive #28		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 8-18-88	9. AGE (In years last birthday) 65	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant-rug buyer			10b. KIND OF BUSINESS OR INDUSTRY Retail Dept. Store		
13. FATHER'S NAME Richard Shanahan			14. MOTHER'S MAIDEN NAME Margaret Smith		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) yes World War No. 1			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Mary Shanahan - 124 Forest Drive			ADDRESS Catonsville		

18. 181X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Uterine - 24 1/2 GI obstruction DUE TO	INTERVAL BETWEEN ONSET AND DEATH 11/24/53 12 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Papillary Cancer of Uterus Bladder Aug 52 DUE TO (C) metastasis	

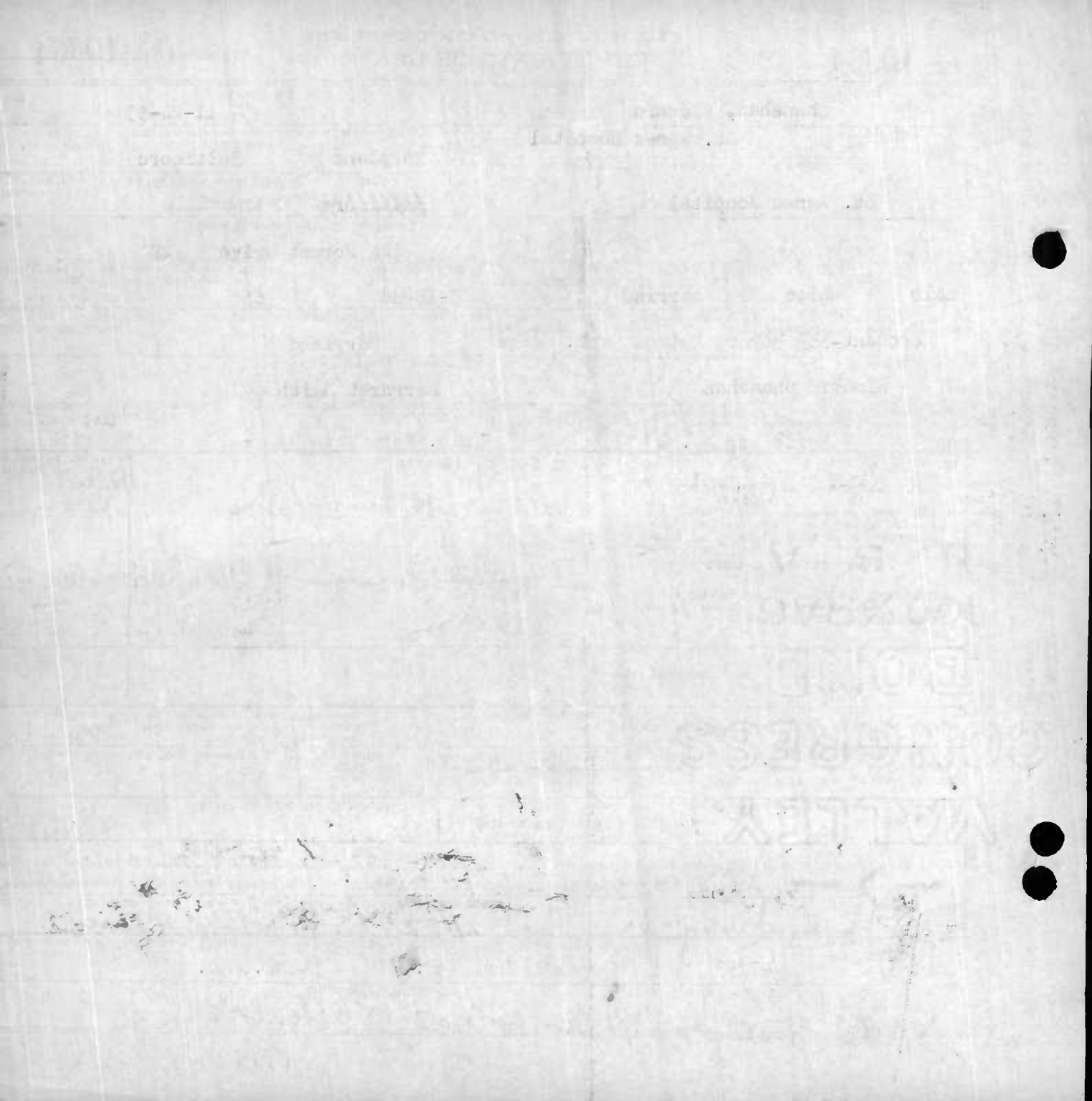
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION 11-24-53	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	21f. HOW DID INJURY OCCUR?
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		

22. I hereby certify that I attended the deceased from 11-12, 1953, to 11-24, 1953, that I last saw the deceased alive on 11-24, 1953 and that death occurred at 10:41 a.m., from the causes and on the date stated above.

23a. SIGNATURE St. Agnes Hospital	23b. ADDRESS 111 24/53 St. Agnes Hosp	23c. DATE SIGNED 11/24/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/27/53	24c. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.
24d. LOCATION (City, town, or county) (State) Balto., Md.		

DATE RECEIVED BY LOCAL REGISTRAR: **NOV 24 1953** REGISTRAR'S SIGNATURE: **Huntington Williams, M.D.** FUNERAL DIRECTOR: **Wickner & Sons** ADDRESS: **Balto. 17, Md.**



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 10365H-120
53 10365

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Hubbach

2. DATE
OF
DEATH

Nov. 24, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3444 Piedmont Ave.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3444 Piedmont Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan. 6, 1889

9. AGE (In years
last birthday)

64

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Tire Builder

10B. KIND OF BUSINESS OR
INDUSTRY

Tires

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry Hubbach

14. MOTHER'S MAIDEN NAME

Katherine Mohn

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

-

16. SOCIAL
SECURITY NO.

215-22-8883

17. INFORMANT

Mrs. Gertrude P. Hubbach

ADDRESS

18. 492-X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary thrombosis

10 min

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Virus pneumonia

2 wks

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 12, 1953 to Nov. 24, 1953, that I last saw the
deceased alive on Nov. 23, 1953, and that death occurred at 11:15 P. M. from the causes and on the date stated above.

23A. SIGNATURE

H. Hubbach

M. D.

23B. ADDRESS

2220 Garrison Blvd.

23C. DATE SIGNED

11/25/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/27/53

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 24 1953

REGISTRAR'S SIGNATURE

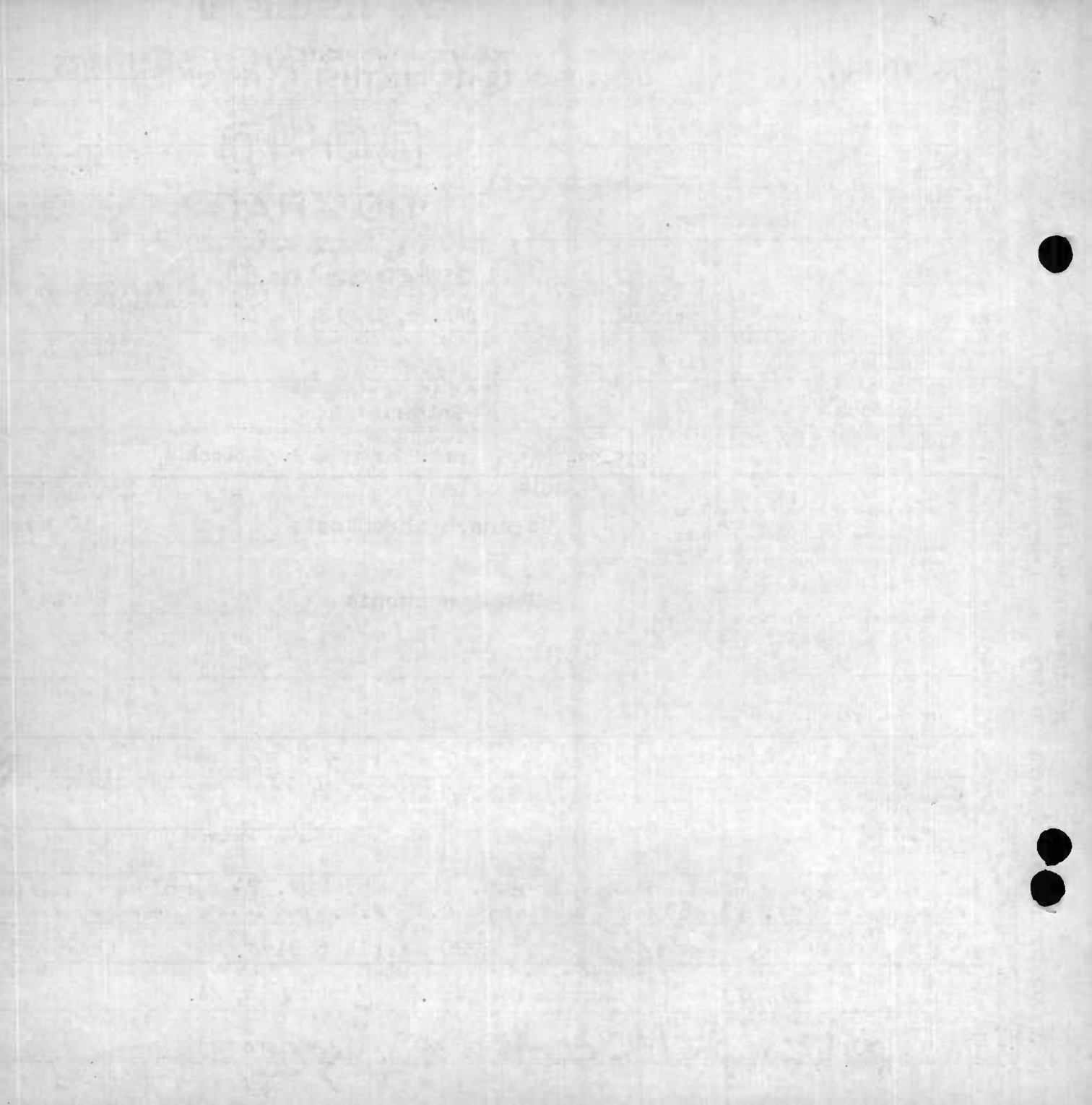
Huntington Williams

25. FUNERAL DIRECTOR

J. Vichner & Sons

ADDRESS

Baltimore 17, Md.



B-260

53 10366

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10366

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CARRIE DUNLAVY BAKER

2. DATE
OF
DEATH

11-23-53

3. PLACE OF DEATH:

Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)

UNION MEMORIAL HOSP.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MD.

B. COUNTY

BALTO.

C. CITY OR TOWN

BALTO.

(If outside corporate limits, write RURAL and give township)

12-06

D. STREET ADDRESS (If rural, give location)

2731 N. CHARLES

5. Length of stay in Baltimore

94 YRS

Yrs.
Mos.
Days

6. SEX

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

—

B. DATE OF BIRTH

3-7-1859

9. AGE (In years, last birthday)

94

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

BALTO., MD.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

CHARLES F. BAYLIES

14. MOTHER'S MAIDEN NAME

ANNA E. ALMONS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT Charles Baker

ADDRESS

SON

2731

N. CHARLES

18. 450.0 and E903.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

RENAL SHUTDOWN

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A). STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

CERTIFICATION APPROVED BY

INTERVAL BETWEEN
ONSET AND DEATH

4 days

5 days

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

GENERALIZED ARTERIO SCLEROSIS

UNKNOWN

19A. DATE OF OPERATION

11-18-53

19B. MAJOR FINDINGS OF OPERATION

FRACTURE OF RT. HIP

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

HOME

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

2731 N. CHARLES

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

11-18-53

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

FALL - SLIPPED ON RUG

22. I hereby certify that I attended the deceased from 11-18-1953 to 11-23-1953, that I last saw the deceased alive on 11-23-1953, and that death occurred at 9:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Stephen J. Halla

23B. ADDRESS

Union Memorial Hosp

23C. DATE SIGNED

11-23-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11-25-53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

25. RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

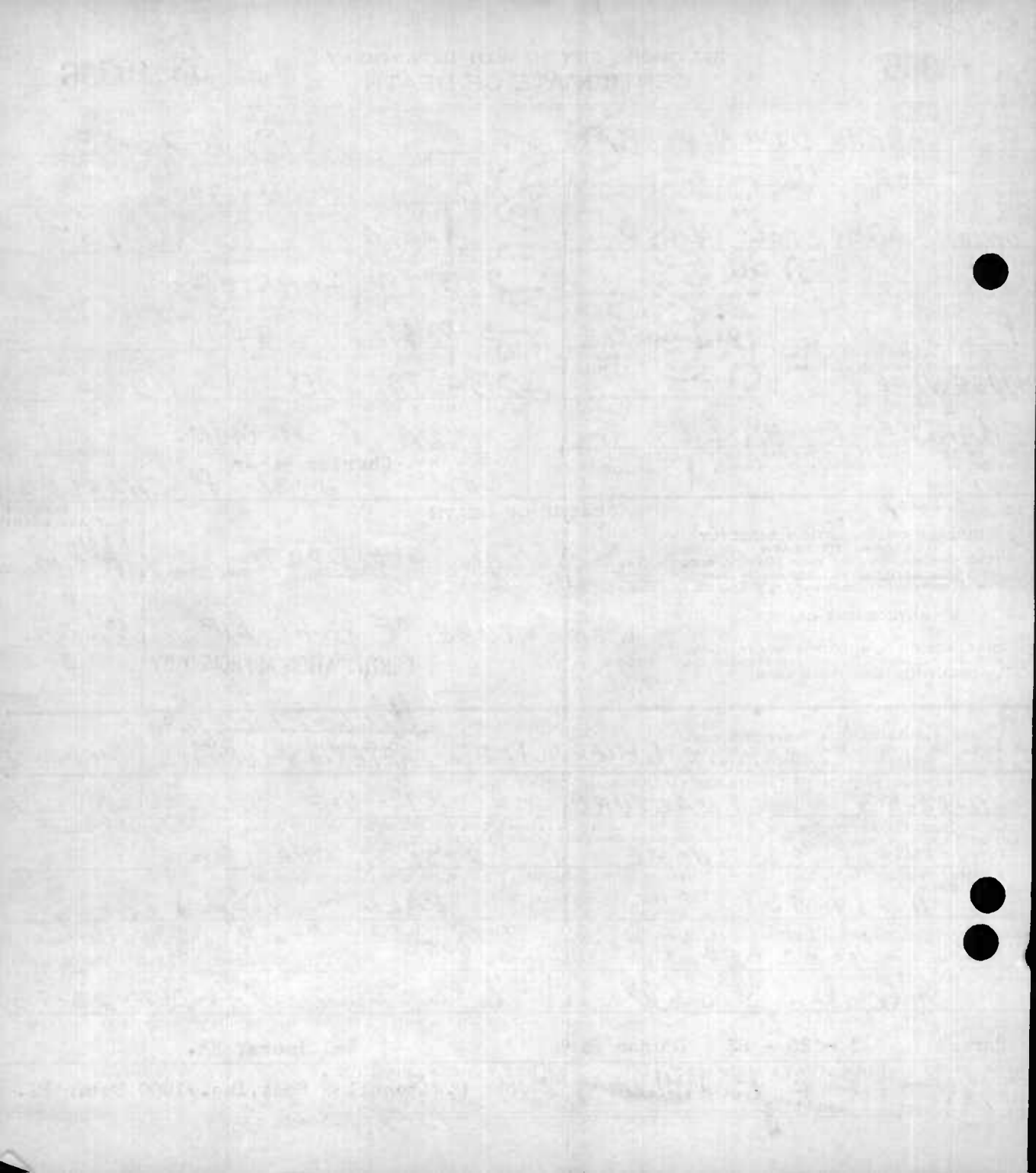
John O. Mitchell & Sons, Inc. - 1900 Eutaw Pl.

ADDRESS

J. O. Mitchell

VS 150

N 20.0



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10367
Registered No. _____

53 10367

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Gibbons, Anne E.*2. DATE
OF
DEATH*11-24-53*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Baltimore 13-02*B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*University Hospital*

c. Length of stay in Baltimore

*4*Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2128 Brookfield Dr.

5. SEX

F

6. COLOR OR RACE

*W*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*MARRIED*

8. DATE OF BIRTH

*4-1-15*9. AGE (In years
last birthday)*38*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Housewife*10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Nova Scotia*12. CITIZEN OF
WHAT COUNTRY?*?*

13. FATHER'S NAME

Robert Ryan

14. MOTHER'S MAIDEN NAME

*?*15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*Yes*16. SOCIAL
SECURITY NO.

17. INFORMANT

Hospital RECORDS

ADDRESS

18. *190X and 650.0*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Hepatic Coma

DUE TO

*Malignant Melanoma**?**9 mos*

ANTECEDENT CAUSES

(B)

Neuro in back

DUE TO

(NEVUS)

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.*Pregnancy & abortion at 28 wks*

19A. DATE OF OPERATION

*None*19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *11-23*, 1953, to *11-24*, 1953, that I last saw the
deceased alive on *11-23*, 1953, and that death occurred at *2:50* A.M., from the causes and on the date stated above.

23A. SIGNATURE

J.E. Winslow Jr.

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

*11-24-53*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*BURIAL*

24B. DATE

11/27/53

24C. NAME OF CEMETERY OR CREMATORY

NEW CATHEDRAL

24D. LOCATION (City, town, or county)

BALTIMORE

(State)

*MD*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Charles A. Jones & Son

ADDRESS

*118 W. Mt. Royal Ave*NOV 24 1953
VS 150
NOV 24 1953

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 10368BIRTH NO. 103681. NAME OF DECEASED
(Type or Print)

Mr. William G. Arnal

2. DATE
OF
DEATH

Nov. 24, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2303 Garrett Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

2303 Garrett Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

June 26, 1876

9. AGE (in years
last birthday)

77

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Pattern Maker, Ret.

10B. KIND OF BUSINESS OR
INDUSTRY

Bartlett Industry

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Wilhelm G. Arnal

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Myocardial infarction

DUE TO Arteriosclerosis

3 days

5 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Mitral regurgitation

DUE TO

20 yrs.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 2, 1953 to Nov. 24, 1953 that I last saw the
deceased alive on Nov. 23, 1953, and that death occurred at 4 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

1613 E. North Ave.

23C. DATE SIGNED

11-25-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-28-1953

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 24 1953

Huntington Williams

Leonard J. Ruck

5305 Harford Road.

Singewald
3 E. North Ave.

6

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 10369**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**MAURICE RASSA**2. DATE OF DEATH **Nov. 24, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE **Maryland**

B. COUNTY before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTE **US Public Health Service Hospital** location)**Wyman Pk. Drive & 31st Street**C. CITY OR TOWN (If outside corporate limits, write RURAL and give township **Baltimore 27-06**

D. STREET ADDRESS (If rural, give location)

2814 Gibbons Avenue

c. Length of stay in Baltimore ?

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH

5/21/87

9. AGE (In years last birthday)

66

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk - Acct - Federal Tin Co

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME

Joseph Rassa

14. MOTHER'S MAIDEN NAME

Frances Russ

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Yes**WWI - USA**

16. SOCIAL SECURITY NO.

?

17. INFORMANT

ADDRESS

Records- US PHS Hospital, Balto, Md.18. **191X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **acute pulmonary edema**

DUE TO

recent

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Glandular Carcinoma of Lip**

DUE TO

old

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.**Cerebral Congestion & Edema****recent**

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Dec. 16**, 19**52**, to **Nov. 24**, 19**53**, that I last saw the deceased alive on **Nov. 24**, 19**53**, and that death occurred at **3:50 P. M.**, from the causes and on the date stated above.

23A. SIGNATURE

Paul W. Huffy

23B. ADDRESS

M. D.

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

11-24-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11-28-1953

24C. NAME OF GEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

BALTO

(State)

Md

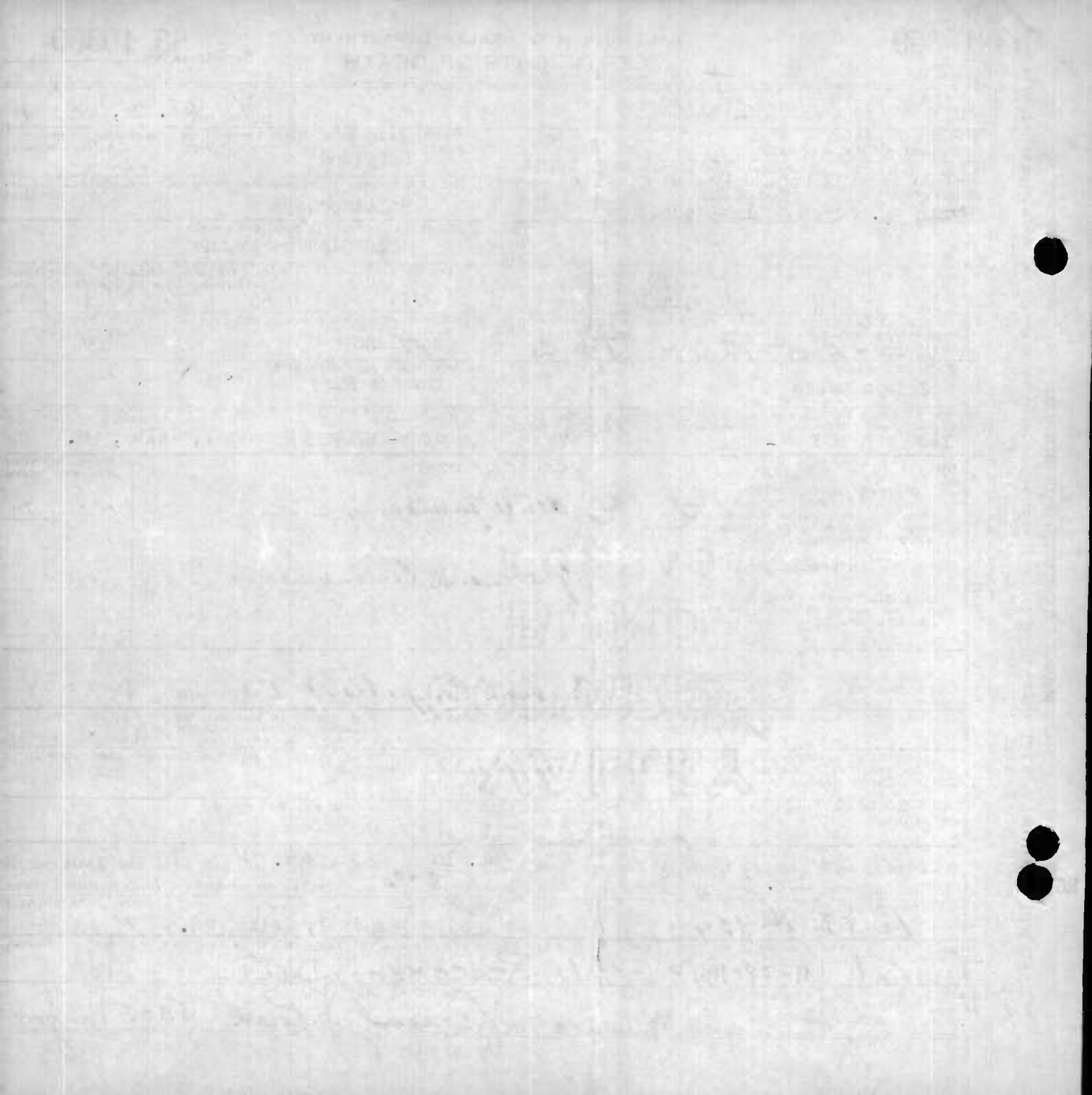
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

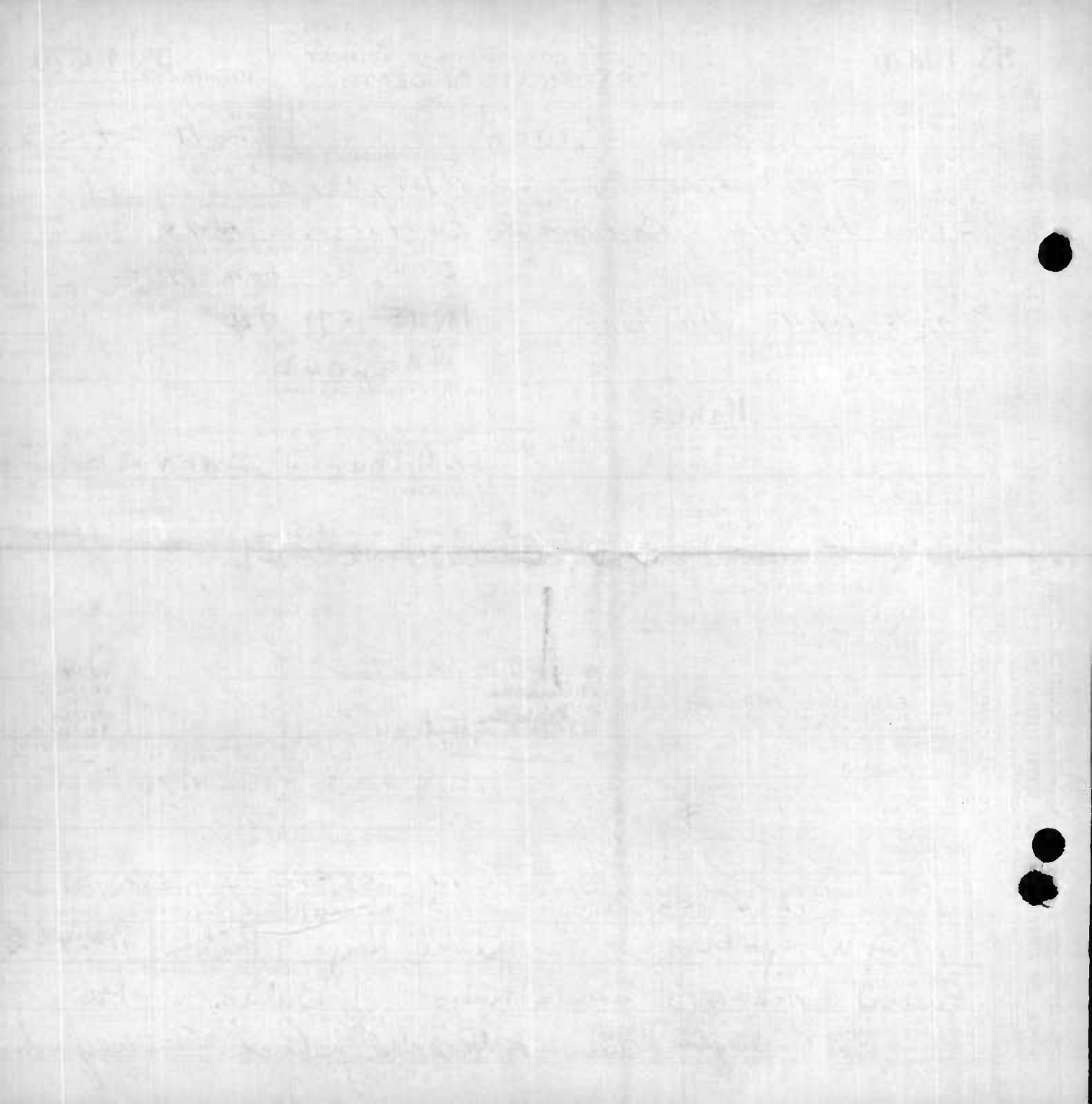
NOV 24 1953**Huntington Williams, M.D.****Leonard J. Luck****5305 Bayford**



0-500
53 10370BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10370

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Teresa Owen		2. DATE OF DEATH 11-24-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital of Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore #12			
C. Length of stay in Baltimore 12		D. STREET ADDRESS (If rural, give location) 502 Evesham Ave			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov 15-1879	9. AGE (In years last birthday) 74
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) IRELAND	
13. FATHER'S NAME Maher		14. MOTHER'S MAIDEN NAME ?		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Dr. Arthur J. OWEN-E. Belvedere	
18. 603X and 260X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Acute renal insufficiency (bilateral renal necrosis).		18 days.	
ANTECEDENT CAUSES		(B) ?			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) arteriosclerosis, Ht. disease		10 yrs.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		i) Cirrhosis		10 yrs?	
		ii) Diabetes		11 yrs.	
		iii) Bleeding tendency		10 yrs.	
19A. DATE OF OPERATION none		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-14 , 19 53 , to 11-24 , 19 53 , that I last saw the deceased alive on 11-24 , 19 53 , and that death occurred at 305 a.m., from the causes and on the date stated above.					
23A. SIGNATURE M. W. Ginter		23B. ADDRESS Sinai Hosp 9 Balto.		23C. DATE SIGNED 11-24-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-27-1953		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge	
24D. LOCATION (City, town, or county) (State) BALTO Md		24E. NAME OF CEMETERY OR CREMATORY Druid Ridge		24F. LOCATION (City, town, or county) (State) BALTO Md	
DATE RECEIVED BY LOCAL REGISTRAR NOV 24 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR McLeond J. Luck	
				ADDRESS 5305 Hayford	



235

10371

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10371

NAME OF DECEASED
(Type or Print)

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

Maryland General Hospital

Length of stay in Baltimore

SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Merchant

10b. KIND OF BUSINESS OR INDUSTRY

General Store

9. FATHER'S NAME

George R - Sr

11. WAS DECEASED EVER IN U. S. ARMED FORCES?

(a, no or unknown)

no

(If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

Apr 29, 1887

9. AGE (in years last birthday)

79

11 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore Md U.S.A.

14. MOTHER'S MAIDEN NAME

Fredericka Richel

17. INFORMANT

pt's son

ADDRESS

same

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac Failure

DUE TO

Hypertensive Cardiovascular dis & decompensation

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

Cerebral hemorrhage left sided hemiplegia

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

22. I hereby certify that I attended the deceased from Nov. 21, 1953 to Nov. 24, 1953, that I last saw the deceased alive on Nov. 24, 1953, and that death occurred at 3:55 pm., from the causes and on the date stated above.

23a. SIGNATURE

W. L. Chang

23b. ADDRESS

M. D. Maryland General Hospital Nov. 24, 1953

23c. DATE SIGNED

24. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

Nov 27, 1953

24c. NAME OF CEMETERY OR CREMATORY

Gruid Ridge

24d. LOCATION (City, town, or county)

Pikesville Md

(State)

25. FUNERAL DIRECTOR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John H. Seigel 5311 Edmondson Ave

ADDRESS

26. DATE RECEIVED BY

VS 150

2906A

10

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 10372****B-620**
BIRTH NO. **53 10372**

1. NAME OF DECEASED (Type or Print) ELEANOR EDNA			2. DATE OF DEATH Nov 24 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland 023			4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Ind B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore 2-02		
c. Length of stay in Baltimore 6 YRS Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 16 S. Broadway		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-3-1913	9. AGE (In years last birthday) 40	If Under 1 Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10B. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (State or foreign country) WASHINGTON D.C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME CLARENCE KELPY			14. MOTHER'S MAIDEN NAME EDNA WRIGHT		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE	17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL		
18. 330X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Subarachnoid hemorrhage DUE TO INTERVAL BETWEEN ONSET AND DEATH 24 hrs.					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 11/23		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/23 , 19 53 to 11/24 , 19 53 that I last saw the deceased alive on 11/24 , 19 53 and that death occurred at 2:55 p. m., from the causes and on the date stated above.					
23A. SIGNATURE John L. Hedeman M. D.			23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 11-24-53
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE NOV 27 1953	24C. NAME OF CEMETERY OR CREMATORY MEADOW RIDGE CEM.		24D. LOCATION (City, town, or county) (State) WASHINGTON BLVD MD.
DATE RECEIVED BY LOCAL REGISTRAR NOV 24 1953		REGISTRAR'S SIGNATURE Wilmington Williams		25. FUNERAL DIRECTOR ADDRESS 1800 E LOMBARD ST	

VALLEY

CONGRESS

BOND

FOR

U.S.A.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 10373

T-420 53 10373 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. <u>53 10373</u>	
1. NAME OF DECEASED (Type or Print) <u>Raymond A. Telewicz</u>			2. DATE OF DEATH <u>NOV 25 1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>the R.R.</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md.</u> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
c. Length of stay in Baltimore <u>LIFE</u> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>2510 Brohawn</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>9-13-1906</u>	9. AGE (In years last birthday) <u>47</u>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHECKER</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>MCCORMICK & CO</u>		11. BIRTHPLACE (State or foreign country) <u>BALTIMORE MD</u>
13. FATHER'S NAME <u>EDWARD TELEWICZ</u>			14. MOTHER'S MAIDEN NAME <u>MARY DOLICZ</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>			16. SOCIAL SECURITY NO. <u>212-01-8872</u>		
17. INFORMANT <u>JOHNS HOPKINS HOSPITAL</u>			ADDRESS		
18. <u>355X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <u>Respiratory Failure</u>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Brain Lesion Expanding</u> (Type ?)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>0</u>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>11/9</u> , 19 <u>53</u> to <u>11/25</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>11/25</u> , 19 <u>53</u> , and that death occurred at <u>3:55 A</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>O Andy</u>		23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		23C. DATE SIGNED <u>11/25/53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24B. DATE <u>NOV 28 1953</u>		24C. NAME OF CEMETERY OR CREMATORY <u>SACRED HEART CEM</u>	
24D. LOCATION (City, town, or county) (State) <u>GERMAN HILL RD MD.</u>		24E. DATE RECEIVED BY LOCAL REGISTRAR <u>NOV 24 1953</u>		24F. REGISTRAR'S SIGNATURE <u>Stanton Williams</u>	
24G. FUNERAL DIRECTOR <u>Dufford</u>		24H. ADDRESS <u>1800 E LOMBARD ST.</u>			

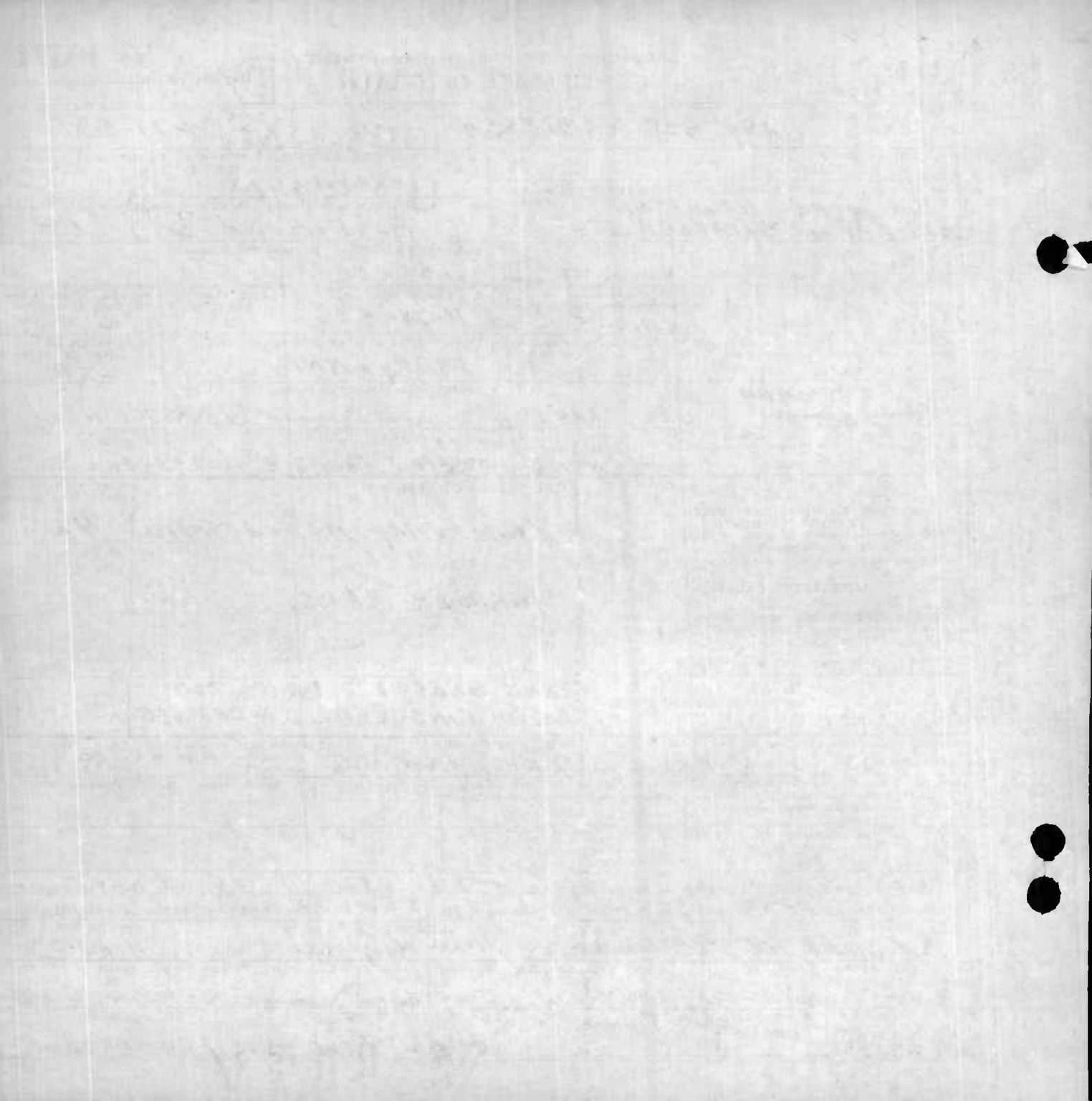
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Proposed
Plan
Type

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10374

BIRTH NO. 10374 53-29034		1. NAME OF DECEASED (Type or Print) BABY BOY RABITSCH		2. DATE OF DEATH 11-24-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY			
5. FULL NAME OF (If not in hospital or institution, give street address or location) MERCY HOSPITAL CALKERT and SARATOGA STS.		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 25-05			
37 c. Length of stay in Baltimore 4 minutes		D. STREET ADDRESS (If rural, give location) 1609 CEREAL ST			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED , WIDOWED , DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 11-24-53	9. AGE (In years last birthday) 0	10. Under 1 Year Months: 0 Days: 0
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10B. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) MARYLAND	
13. FATHER'S NAME JOSEPH Frank RABITSCH		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		14. MOTHER'S MAIDEN NAME Helen B. KASZUBINSKI	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		17. INFORMANT ADDRESS JOSEPH F. RABITSCH 1609 CEREAL ST			
18. 762.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) PULMONARY ATELECTASIS DUE TO 4 min.		CAUSE OF DEATH (A) PULMONARY ATELECTASIS DUE TO (B) UNKNOWN CAUSES DUE TO (C)			
18. 762.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) PULMONARY ATELECTASIS DUE TO 4 min.		CAUSE OF DEATH (A) PULMONARY ATELECTASIS DUE TO (B) UNKNOWN CAUSES DUE TO (C)			
19. DATE OF OPERATION 11-24-53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED BANDL CONTR. RING OF UTERUS		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-24 , 19 53 to 11-24 , 19 53 , that I last saw the deceased alive on 11-24 , 19 53 , and that death occurred at 3 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE Edward M. Banzah		23B. ADDRESS Mercy Hospital		23C. DATE SIGNED 11-25-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE NOV 25 1953		24C. NAME OF CEMETERY OR CREMATORY HOLY CROSS CEMETERY	
24D. LOCATION (City, town, or county) (State) BROOKLYN MD		24E. NAME OF CEMETERY OR CREMATORY HOLY CROSS CEMETERY		24F. LOCATION (City, town, or county) (State) BROOKLYN MD	
DATE RECEIVED BY LOCAL REGISTRAR NOV 24 1953		REGISTRAR'S SIGNATURE Franklin		25. FUNERAL DIRECTOR Kippel Bros 1800 E LOMBARD ST	



B-260

53 10375

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10375

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

2. PLACE OF DEATH:

a. Baltimore City, Maryland

3. FULL NAME OF (If not in hospital or institution, give street address or location)
b. 813 N 36th St

4. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Home

10b. KIND OF BUSINESS OR
INDUSTRY

9. FATHER'S NAME

Winfield S Bunting

10. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

217-20-7763

8. DATE OF BIRTH

Sept 24 1819

9. AGE (In years
last birthday)

77

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Mary E Skooden

17. INFORMANT

Percy A Baker 813 N 36th St

ADDRESS

18. 170X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) Myocardial failure

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

2 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma of breast

2 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 3, 1953, to Nov. 23, 1953, that I last saw the
deceased alive on Nov. 23, 1953, and that death occurred at 8:15 pm., from the causes and on the date stated above.

23A. SIGNATURE

Heuben Hoffman

M. D.

23B. ADDRESS

846 W. 36th St.

23C. DATE SIGNED

11-24-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Nov 27-53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

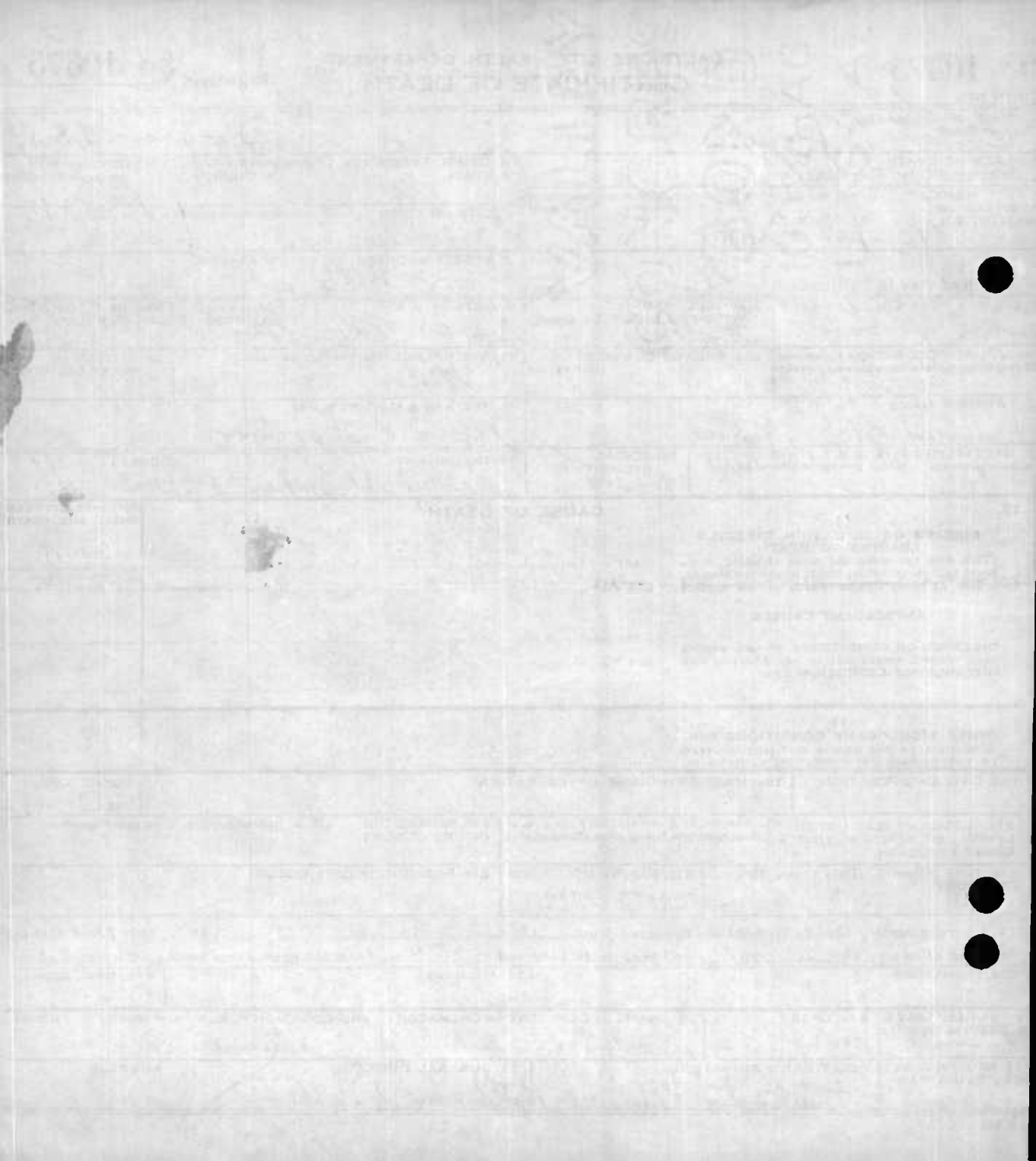
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Strand & Seitz

ADDRESS

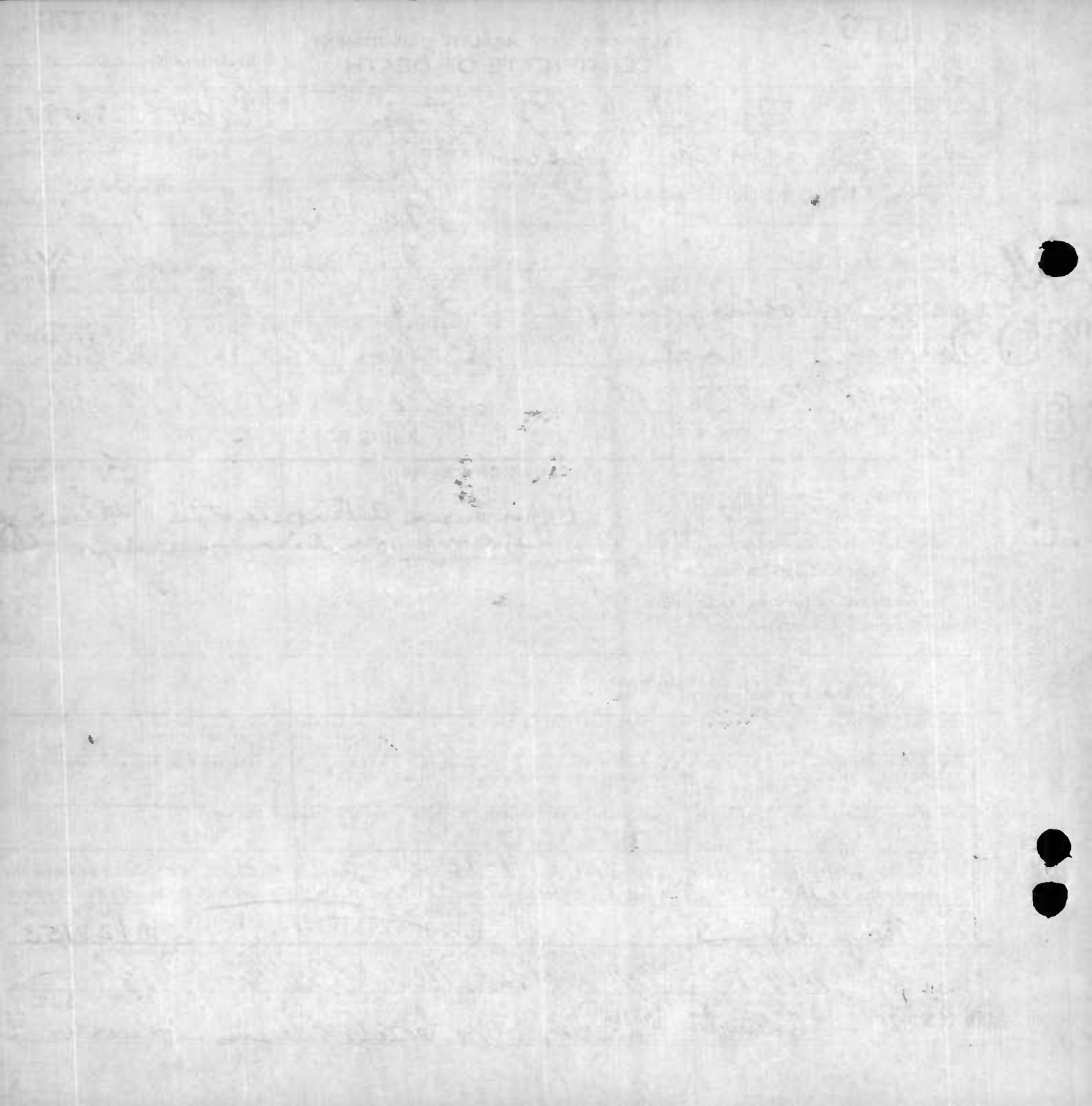
VS 15d



53 10376
B-635BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Mabel Britton</i>		2. DATE OF DEATH <i>Nov. 22, 1953</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland <i>Md. Oslert</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY _____			
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 17-00</i>			
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		d. STREET ADDRESS (If rural, give location) <i>1213 Wilmer Court</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>12-9-97</i>	9. AGE (In years last birthday) <i>55</i>	10. Under 1 Year Months: Days Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Pressor</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Laundry</i>		11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>	
13. FATHER'S NAME <i>George Britton</i>		14. MOTHER'S MAIDEN NAME <i>Lilke Britton & Huntington</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Hypertensive Arteriosclerotic Cardiovascular Disease</i>		CAUSE OF DEATH (A) <i>Hypertensive Arteriosclerotic Cardiovascular Disease</i> DUE TO (B) _____ DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH <i>at least 1 yr</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11-15</i> , 19 <i>53</i> to <i>11-22</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>11-22</i> , 19 <i>53</i> and that death occurred at <i>3:35 p.m.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Thomas R. H. H.</i>		23b. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23c. DATE SIGNED <i>11/23/53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>11/27/1953</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn Cem.</i>		24d. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 24 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Wilkins</i>		25. FUNERAL DIRECTOR <i>Mrs. Katie R. Williams</i>		ADDRESS <i>522 N. Schroeder St.</i>



53 10377
CCG-17692D-120BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10377
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Mabel Davis

2. DATE
OF
DEATH

11-23-53

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

Maryland

B. COUNTY

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Baltimore City Hospitals

4940 Eastern, Ave

c. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

d. STREET ADDRESS (If rural, give location)

2411 W. Lexington, St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Mar. 29, 1922

9. AGE (in years
last birthday)

31 yrs

If Under 1 Year

Months; Days

If Under 24 Hours

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Baker

14. MOTHER'S MAIDEN NAME

Ruth Bailey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

B. C. H. 4940 Eastern, Ave

ADDRESS

18. 019.2
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Dissemminated Tuberculosis
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH. (NOTIFY MEDICAL EXAMINER)21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-22, 1953 to 11-23, 1953, that I last saw the deceased alive on 11-23, 1953, and that death occurred at 6:45 A.m., from the causes and on the date stated above.

23a. SIGNATURE

H. J. Williams

M. D.

23b. ADDRESS

4940 Eastern, Ave. Baltimore, Md

23c. DATE SIGNED

11-23-53

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

11/27/1953

24c. NAME OF CEMETERY OR CREMATORY

Baltimore National Cem

24d. LOCATION (City, town, or county)

Baltimore, Md

(State)

DATE RECEIVED BY
REGISTRAR

REGISTRAR'S SIGNATURE

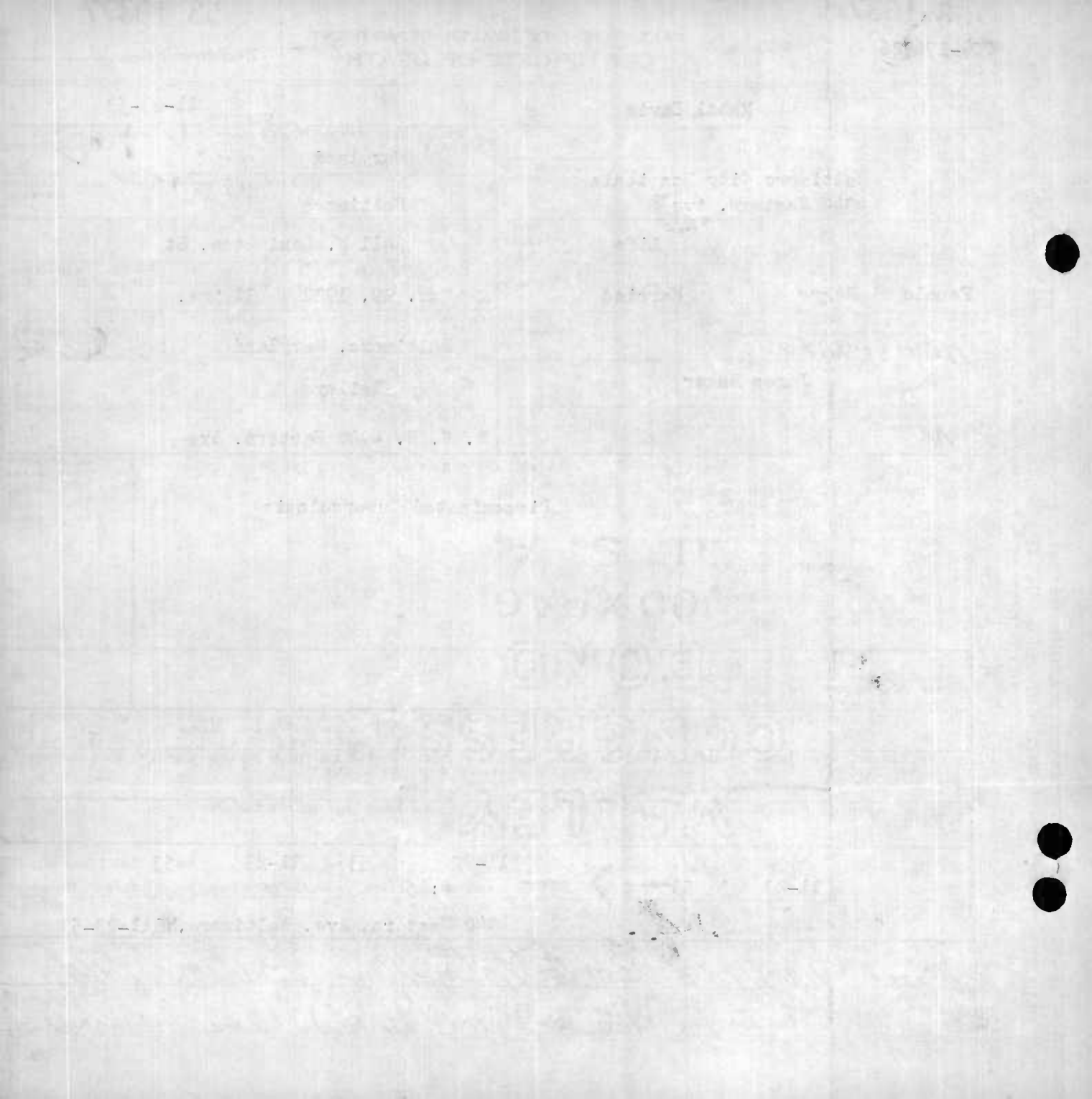
Huntington Williams

25. FUNERAL DIRECTOR

Mrs. Kate R. Williams

ADDRESS

322 N. Schwan St



53 10378

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10378
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES NOEL ST.

2. DATE
OF
DEATH

11-23-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

38 University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 25-52

D. STREET ADDRESS (If rural, give location)

828 Bethune Rd. Cherry Hill

C. Length of stay in Baltimore 30 Yrs.

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept-12th.92

9. AGE (In years
last birthday)

61

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

In Gen.

11. BIRTHPLACE (State or foreign country)

Prince George Co. Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Anthony Noles

14. MOTHER'S MAIDEN NAME

Malindia Ruffins

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Rosie Noel 828 Bethune Rd.

18. 332X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Necrosis of rt Cerebral hemisphere

DUE TO

ANTECEDENT CAUSES

(B)

Cerebral Thrombosis

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

Nephrosclerosis & Haemia

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-9-53, to 11-23, 1953 that I last saw the
deceased alive on 11-22, 1953 and that death occurred at 12:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Shaw Cooper M.D.

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

11-24-53

24A. BURIAL, CREMA
TION, REMOVAL (Specify)

Burial

24B. DATE

11/27/1953

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Chas. A. Wilson 1101 Broadway

NOV 24 1953

VS 150

97099

U. S. D.

100,000

BOND

CONSTITUTION

WILLIAM

CERTIFICATE OF DEATH

Registered No. **53 10379**

BIRTH NO. **53 10379**

1. NAME OF DECEASED (Type or Print) Susan Thomas		2. DATE OF DEATH 11-25-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 27 yrs. 30 yrs.		D. STREET ADDRESS (If rural, give location) 1300 1390 Scheeler Ave. zone 6	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-18-1887
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE (In years last birthday) 66
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Richard Cromwell Dudrear		14. MOTHER'S MAIDEN NAME Fannie Dudrear Groff	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT 4940 Eastern Ave		ADDRESS Records: Baltimore City Hospitals	

18. 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Carcinoma of Stomach		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., In or about house, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-24 , 19 53 , to 11-25 , 19 53 , that I last saw the deceased alive on 11-25 , 19 53 , and that death occurred at 12.25am , from the causes and on the date stated above.			
23A. SIGNATURE Dr. John R. ...		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.	23C. DATE SIGNED 11-25-1953

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/28/53	24C. NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery	24D. LOCATION (City, town, or county) (State) Frederick Md
DATE RECEIVED BY LOCAL REGISTRAR NOV 24 1953		REGISTRAR'S SIGNATURE Huntington Williams, Jr.	
25. FUNERAL DIRECTOR P. E. Cline & Son		ADDRESS Frederick Md	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

SECRET

CONFIDENTIAL

SECRET

SECRET

SECRET

CONFIDENTIAL

SECRET

SECRET

SECRET

SECRET

SECRET

CONFIDENTIAL

SECRET

SECRET

53 10380

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 10380

BIRTH NO.			1. NAME OF DECEASED (Type or Print) Charles Rivers			2. DATE OF DEATH Nov. 23, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			C. CITY OR TOWN (If outside corporate limits, write R. S. A. T. and give township) Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2012 N. PAYSON ST			D. STREET ADDRESS (If rural, give location) 2012 Payson St.			5. SEX MALE		
6. COLOR OR RACE COL			7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SEPERATED			8. DATE OF BIRTH 4/19/97		
9. LENGTH OF STAY IN BALTIMORE 1			10. A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELEVATOR OPERATOR			10B. KIND OF BUSINESS OR INDUSTRY THEATRE		
11. BIRTHPLACE (State or foreign country) SOUTH CAROLINA			12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME ANTHONY RIVERS. S.C.		
14. MOTHER'S MAIDEN NAME MARY CRAWFORD. S.C.			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) 2 UNKNOWN			16. SOCIAL SECURITY NO.		
17. INFORMANT ROBERT RIVERS. 2012 N. PAYSON ST.			18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease			19. CAUSE OF DEATH Hypertensive cardiovascular disease		
20. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			21. DATE OF OPERATION 11/27/53			22. MAJOR FINDINGS OF OPERATION		
23. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. <input type="checkbox"/> CAUSE OF DEATH.			24. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			25. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
26. TIME (Month) (Day) (Year) (Hour) OF INJURY			27. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK			28. HOW DID INJURY OCCUR?		
29. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .								
30. SIGNATURE Joseph A. Jackson			31. CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>			32. DATE SIGNED Nov. 23, 1953		
33. BURIAL, CREMATION, REMOVAL (Specify) Burial			34. DATE 11/27/53			35. NAME OF CEMETERY OR CREMATORY Wt. Auburn		
36. DATE RECEIVED BY LOCAL REGISTRAR 11/24/53			37. REGISTRAR'S SIGNATURE William A. Jackson			38. FUNERAL DIRECTOR William A. Jackson		
39. ADDRESS 916			40. ADDRESS 916			41. ADDRESS 916		

S-536

10381

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10381

1. NAME OF DECEASED
(Type or Print)

Josephine A. Snyder

2. DATE
OF
DEATH

Nov. 24, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION

812 N. Glover St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

6. Length of stay in Baltimore

58

Yrs.

Mos.

Days

D. STREET ADDRESS (If rural, give location)

812 N. Glover St.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

April 15, 1895

9. AGE (In years last birthday)

58

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

USA.

13. FATHER'S NAME

Vaclav Petr

14. MOTHER'S MAIDEN NAME

Maria Cihak

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Clinton C. Snyder 812 N. Glover St.

18. 170x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from Jan 10, 1953, to Nov 24, 1953, that I last saw the deceased alive on Nov 24, 1953, and that death occurred at 1 PM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11-28-1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

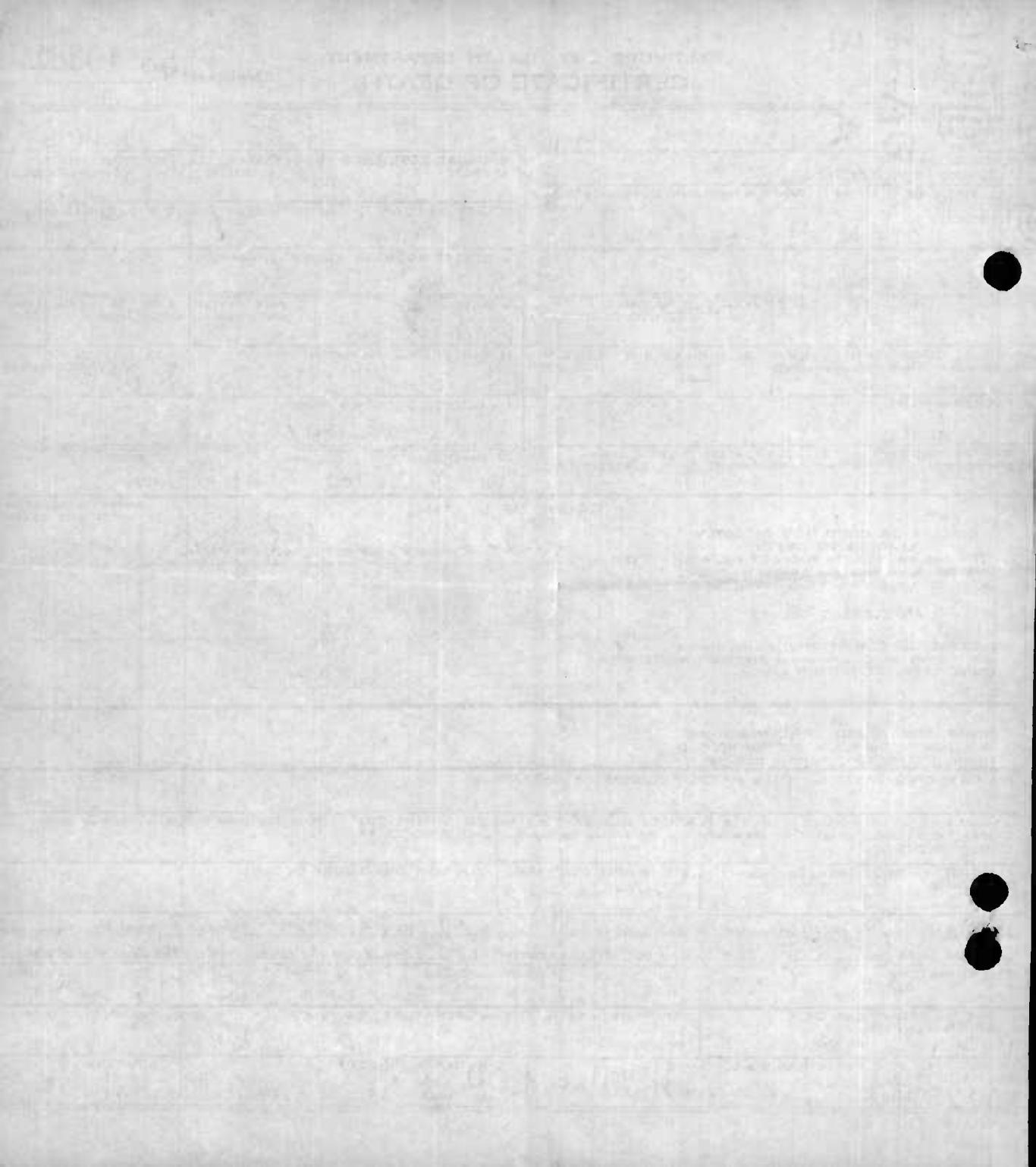
25. FUNERAL DIRECTOR

ADDRESS

NOV 25 1953

Huntington Williams, 2716 E. Monument St.

VS 150



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 10382D-456
53 10382

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frank DiLeonardi

2. DATE
OF
DEATH

Nov. 24, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE
B. COUNTY

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2655 Francis St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2655 Francis St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

May 31, 1894

9. AGE (In years,
last birthday)

59

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Owner-Cement Finishing

10B. KIND OF BUSINESS OR
INDUSTRY

Contractor

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Albert DiLeonardi

14. MOTHER'S MAIDEN NAME

Bridget Pipitone

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give year or dates of service)

yes

World War I

16. SOCIAL
SECURITY NO.

218-32-4592

17. INFORMANT

ADDRESS

Mrs. Frances A. DiLeonardi-2655 Francis St.

18. 420.0 and 163x

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Anteriodystolic and
Hypertensive Heart Disease ?(B) Chronic Congestive Heart ?
Failure

(C)

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

Carcinoma of Lung, Squamous ?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1951 to 11-24-1953, that I last saw the deceased alive on Oct. 1953 and that death occurred at 1:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

G. A. Johnson

M. D.

23B. ADDRESS

1109 G. Calvert St.

23C. DATE SIGNED

11-25-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

11/28/53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

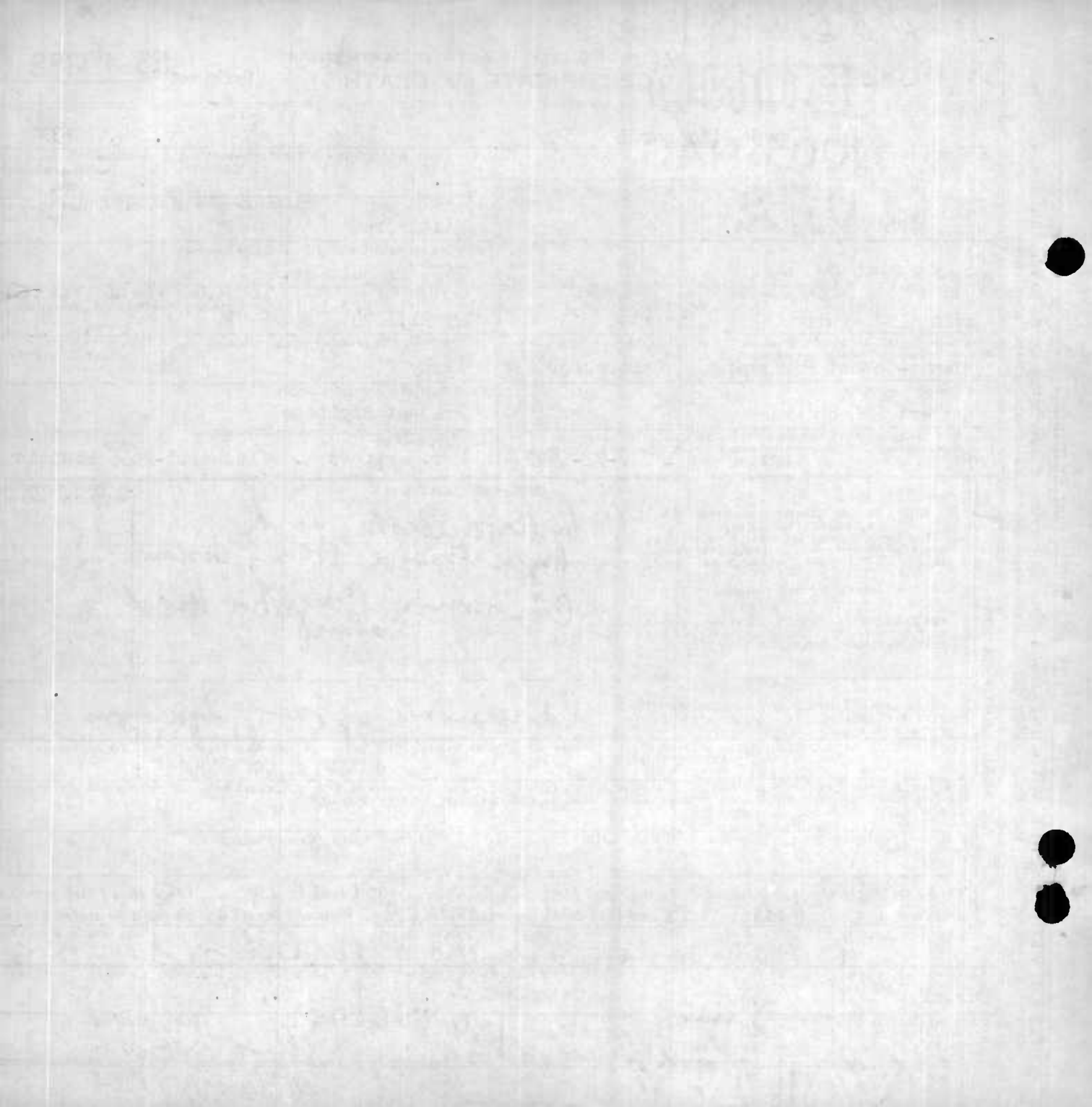
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. P. Pichner & Sons

ADDRESS

Balto. 17, Md.



L-615
53 10383BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10383

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROBERT LEE LOHRFINK

2. DATE
OF
DEATH

Nov. 24, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence
A. STATE B. COUNTY Before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

6109 Maywood Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

6109 Maywood Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

May 11, 1906

9. AGE (In years
last birthday)

47

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Self Employed10B. KIND OF BUSINESS OR
INDUSTRY
Real Estate

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Lohrfink

14. MOTHER'S MAIDEN NAME

Mary Carman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
no16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mildred J. Lohrfink-6109 Maywood Ave

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cardiac Decon. with Pulmonary Con.

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Nephrosclerosis

8 mon

(C) DUE TO

Cardio-vascular Hypertension Disease

10 yrs

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1944, 19, to Nov. 24, 1953, that I last saw the
deceased alive on Nov. 23, 1953, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Thomas U. Todd, M. D.

23B. ADDRESS

2108 St Paul St

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

11/27/53

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M. D.

25. FUNERAL DIRECTOR

ADDRESS

Wickner & Long
Balto. 17, Md.

NOV 25 1953

47074

53

10384

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10384
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LOUIS J. MARSHALL

2. DATE
OF
DEATH

November 24, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4303 Woodlea Avenue

C. Length of stay in Baltimore

29

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

1-5-24

9. AGE (In years
last birthday)

29

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Oil Burner Mechanic

10B. KIND OF BUSINESS OR
INDUSTRY

General Automatic

11. BIRTHPLACE (State or foreign country)

Balto. Md

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Archie Marshall

14. MOTHER'S MAIDEN NAME

Frances Lupinek

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

WW II

16. SOCIAL
SECURITY NO.

218-14-7985

17. INFORMANT

Dolores C. Marshall

ADDRESS

4303 Woodlea Ave.

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William J. Smith

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Nov. 24, 1953

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

Burial

24B. DATE

11-27-53

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Philip F. Enoch 276 E. Monument St.

ADDRESS

VS 151

js

55484

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 10385

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Charles F. Godlewski*2. DATE
OF
DEATH*11/25/53*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION*Mercy Hospital Inc.*

C. Length of stay in Baltimore

*In Transit*Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

before admission)

Pennsylvania Delaware

C. CITY OR TOWN

Chester

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2821 West 9th St.

5. SEX

M

6. COLOR OR RACE

*W*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Married*

8. DATE OF BIRTH

*1/8/1892*9. AGE (In years
last birthday)*62*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, give if retired)*Pharmacist*10B. KIND OF BUSINESS OR
INDUSTRY*Pharmacy*

11. BIRTHPLACE (State or foreign country)

*Shenandoah, Pa.*12. CITIZEN OF
WHAT COUNTRY?*USA*

13. FATHER'S NAME

John Godlewski

14. MOTHER'S MAIDEN NAME

*Mary Kisielwicz*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)*No*

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Alvin R. Rozplock, M.D.

ADDRESS

*Chester, Pa.*18. *443x*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) OUE TO

*Central thrombosis with involvement
of Brain stem*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) OUE TO

Hypertensive Cardiovascular disease 5 years

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *11-25*, 19*53*, to *11-26*, 19*53*, that I last saw the
deceased alive on *11-26*, 19*53*, and that death occurred at *12:15* p.m., from the causes and on the date stated above.

23A. SIGNATURE

Thomas L. Jones

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

*11/26/53*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11-30-53

24C. NAME OF CEMETERY OR CREMATORY

Immaculate Heart Cem. Linwood, Pennsylvania

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Raymond J. Curran

ADDRESS

100-1000

RECEIVED BY THE DIRECTOR
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

100-1000

TO THE DIRECTOR, FEDERAL BUREAU OF INVESTIGATION, U. S. DEPARTMENT OF JUSTICE

FROM THE SAC, NEW YORK (100-1000)

SUBJECT: [REDACTED]

RE: [REDACTED]

DATE: [REDACTED]

BY: [REDACTED]

FOR THE DIRECTOR, FEDERAL BUREAU OF INVESTIGATION, U. S. DEPARTMENT OF JUSTICE

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-623

10386

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 10386

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Mrs. Mamie S. Bright		2. DATE OF DEATH Nov. 25-1953	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY			
b. FULL NAME OF HOSPITAL OR INSTITUTION 5717 HARFORD RD.		c. CITY OR TOWN (If outside corporate limits, write FULL and give township) BALTIMORE 27-44			
c. Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 5717 HARFORD RD.			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Aug. 13-1882	9. AGE (In years, last birthday) 71	10. Under 1 Year Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Centerville, Md	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Charles Snyder		14. MOTHER'S MAIDEN NAME Sadie			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT SON ADDRESS MR. JAMES T. BRIGHT - SAME	
18. 422.1		CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Arteriosclerotic Cardio-Vascular Disease			15 years
ANTECEDENT CAUSES		DUE TO Auricular fibrillation with acute cerebral thrombosis			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO Cardiac compensation			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.		Hiatal hernia			
19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Aug. 31 , 19 53 , to Nov. 25 , 19 53 , that I last saw the deceased alive on Nov. 22 , 19 53 , and that death occurred at 9:25 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE A. D. Harbold		23B. ADDRESS 4706 Harford Road - 14		23C. DATE SIGNED Nov. 25, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov. 27-1953	24C. NAME OF CEMETERY OR CREMATORY Centerville Cem	24D. LOCATION (City, town, or county) (State) Centerville - Md		
DATE RECEIVED BY LOCAL REGISTRAR NOV 25 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Leonard J. Luck		ADDRESS 5305 Harford	

33 1032

RECEIVED
CENTRAL OFFICE OF
DEATH

1954



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 10387**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Gertrude Taylor*2. DATE
OF
DEATH*NOV. 22, 1953*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

Stillside Ave. Coxeysville

5. SEX

Female

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Jan. 25, 1887

9. AGE (in years, last birthday)

66

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work, and during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Jacob Boh

14. MOTHER'S MAIDEN NAME

Imary J. Ryan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

215-7223-35 Emory R. Boh-1137 Drake Ave.

17. INFORMANT

ADDRESS

18. *331X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebro Vascular Accident

DUE TO

ANTECEDENT CAUSES

(B)

Hypertension

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Nov. 9, 1953*, to *Nov. 22, 1953*, that I last saw the deceased alive on *Nov. 22, 1953*, and that death occurred at *10:20 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE

George R. Leyner

23B. ADDRESS

Provident Hospital

23C. DATE SIGNED

Nov. 22/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

*Burial**Nov. 1953**GROUCH CEM.**CUBA, MD.*

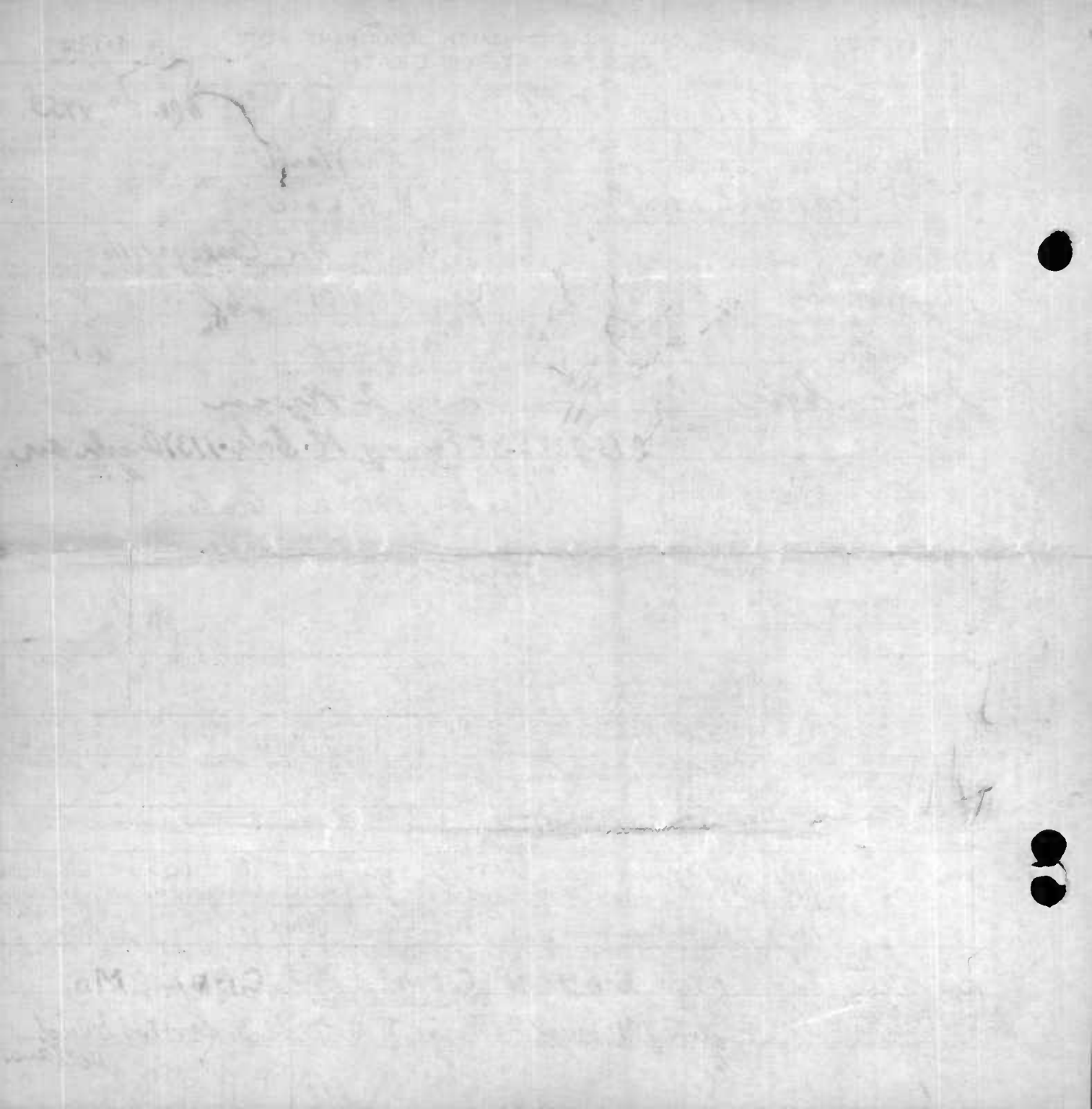
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*NOV 26 1953**Huntington Williams, M.D.**George T. A. Gibson Sr. 1735 Druid Hill Ave.*



53 10388
 BIRTH NO. 53-28270

BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

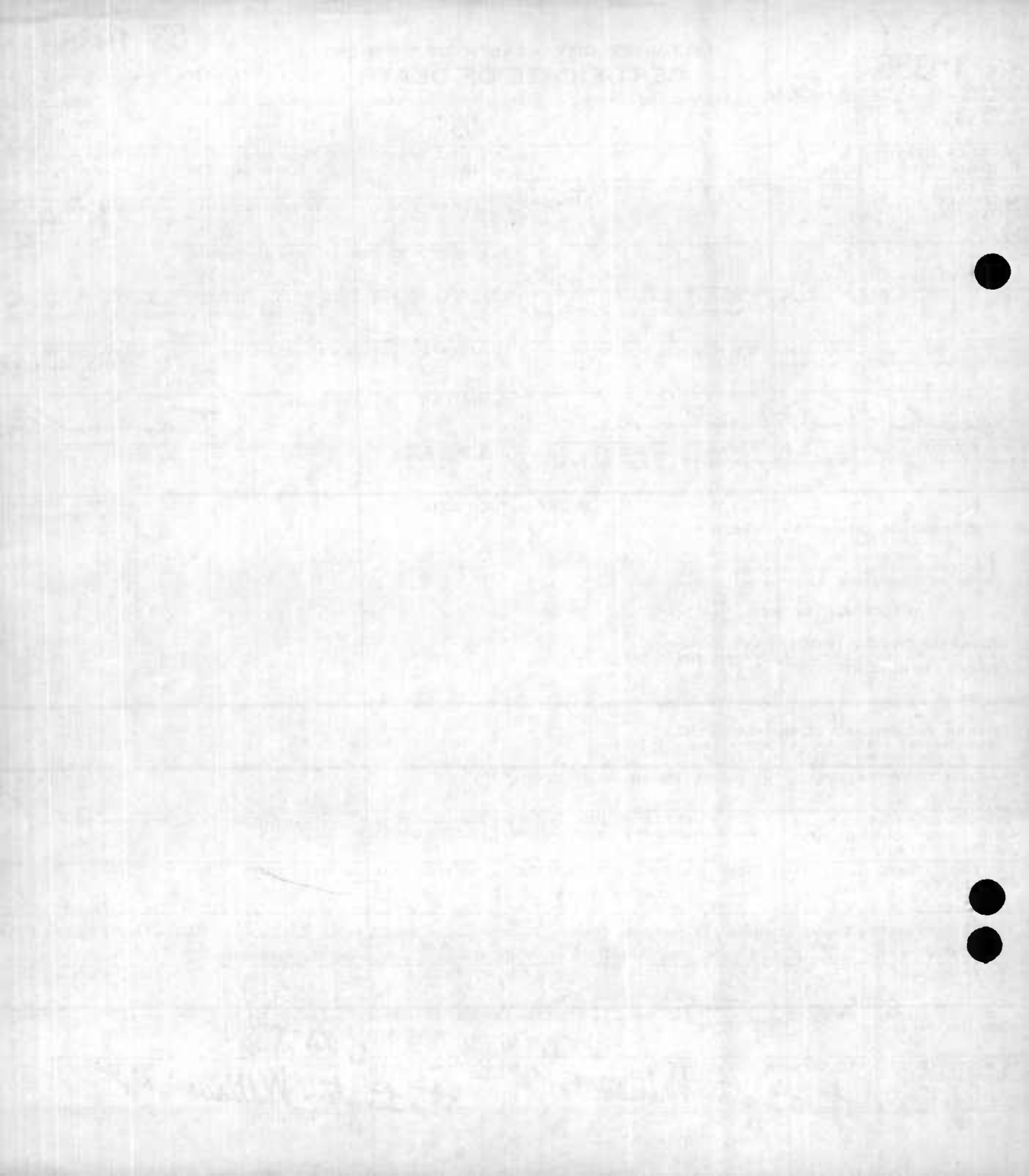
53 10388

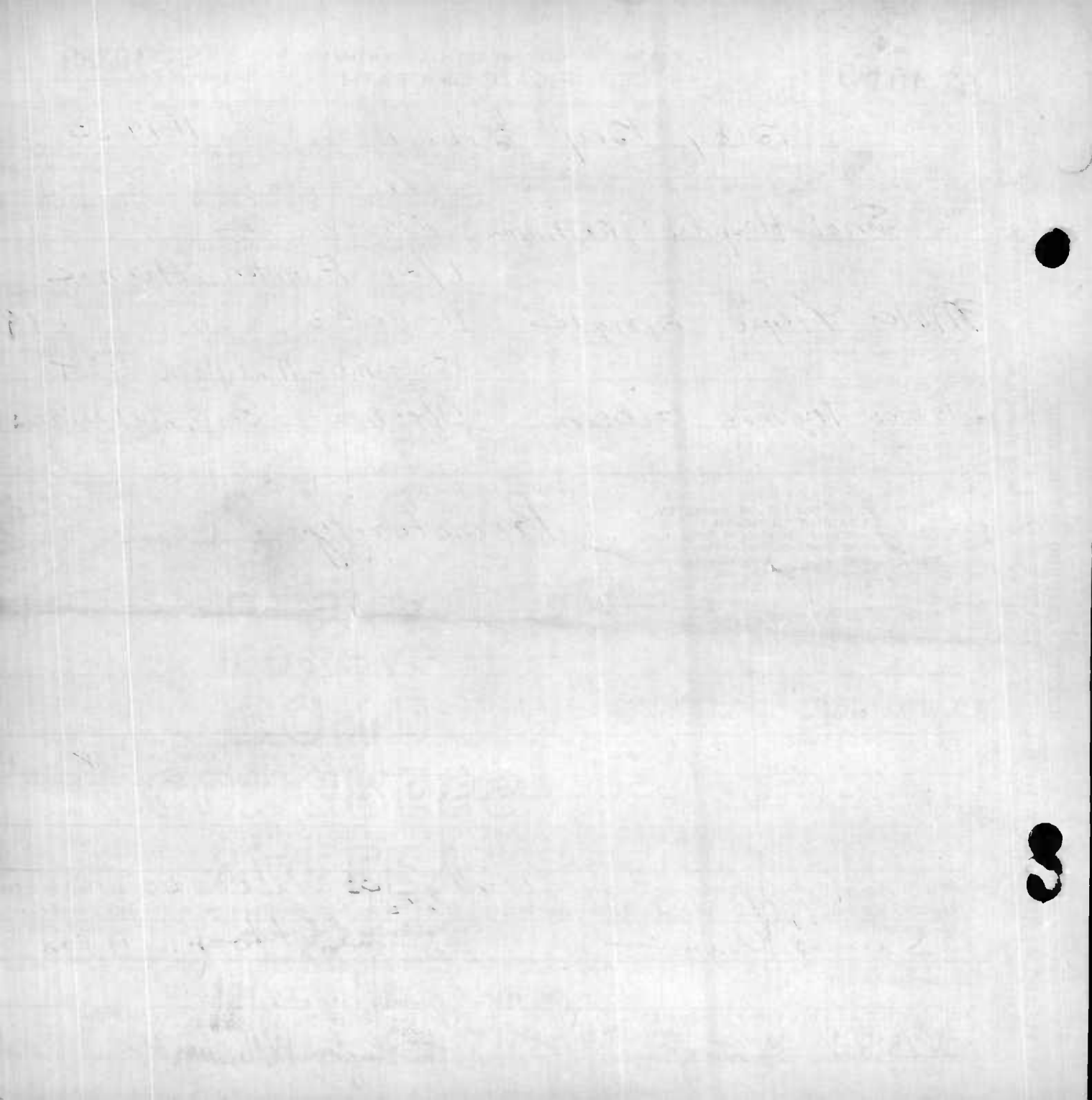
Registered No.

1. NAME OF DECEASED (Type or Print) <i>BABY GIRL TUMINELLO 'B.'</i>			2. DATE OF DEATH <i>11/17/53</i>		
3. PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>20-06</i>		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>UNIVERSITY HOSPITAL</i>			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE</i>		
7. Length of stay in Baltimore Yrs. <i>1</i> Mos. <i>0</i> Days <i>0</i>			8. STREET ADDRESS (If rural, give location) <i>175. BERNICE AV</i>		
9. SEX <i>F</i>	10. COLOR OR RACE <i>W</i>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	12. DATE OF BIRTH <i>11/16/13</i>	13. AGE (In years last birthday)	14. If Under 1 Year Months: <i>1</i> Days: <i>1</i> If Under 24 Hours Hours: <i>1</i> Min.
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			16. KIND OF BUSINESS OR INDUSTRY		
17. FATHER'S NAME <i>Joseph La Martina</i>			18. MOTHER'S MAIDEN NAME <i>ROSE MARIE Taminello</i>		
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			20. SOCIAL SECURITY NO.		
21. INFORMANT <i>MOTHER</i>			22. ADDRESS		

23. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>PREMATURE</i>		24. INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>
25. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>...</i> (C) <i>...</i>		
26. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

27. DATE OF OPERATION <i>0</i>		28. MAJOR FINDINGS OF OPERATION		29. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
30. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	31. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	32. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
33. TIME (Month) (Day) (Year) (Hour) OF INJURY	34. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	35. HOW DID INJURY OCCUR?			
36. I hereby certify that I attended the deceased from <i>11/16</i> to <i>11/17</i> , 19 <i>53</i> that I last saw the deceased alive on <i>11/17</i> , 19 <i>53</i> and that death occurred at <i>11/17</i> m., from the causes and on the date stated above.					
37. SIGNATURE <i>Lammert L. Commey</i>		38. ADDRESS <i>University Hospital</i>		39. DATE SIGNED <i>11/17/53</i>	
40. BURIAL/ CREMATION, REMOVAL (Specify)	41. DATE	42. NAME OF CEMETERY OR CREMATORY	43. LOCATION (City, town, or county) (State)		
44. DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 26 1953</i>		45. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		46. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>	





C-634
53 10390CERTIFICATE AMENDED 12/3/53 ES
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10390

BIRTH NO. 53-27924

1. NAME OF DECEASED
(Type or Print)

Baby Boy Carter

2. DATE
OF
DEATH

11/16/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 13-04

D. STREET ADDRESS (If rural, give location)

2909 Parkwood Ave.

c. Length of stay in Baltimore

Neonate

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

11/16/53

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Leslie George Brown

14. MOTHER'S MAIDEN NAME

Alma Carter

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mother

ADDRESS

2909 Parkwood Ave. (7)

18. 770.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Congenital anomaly

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Germinal dysplasia

DUE TO

(C)

Erythroblastosis fetalis

INTERVAL BETWEEN
ONSET AND DEATH

?

?

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

Rh neg. mother c antibody titer rise 6 wks. +

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6⁰⁵ AM 11/16, 1953, to 6³⁵ AM 11/16, 1953, that I last saw the
deceased alive on 11/16, 1953, and that death occurred at 6³⁵ AM, from the causes and on the date stated above.

23A. SIGNATURE

Wm H. Glasman, Jr. M.D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

11/16/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL NOV, 25, 1953

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

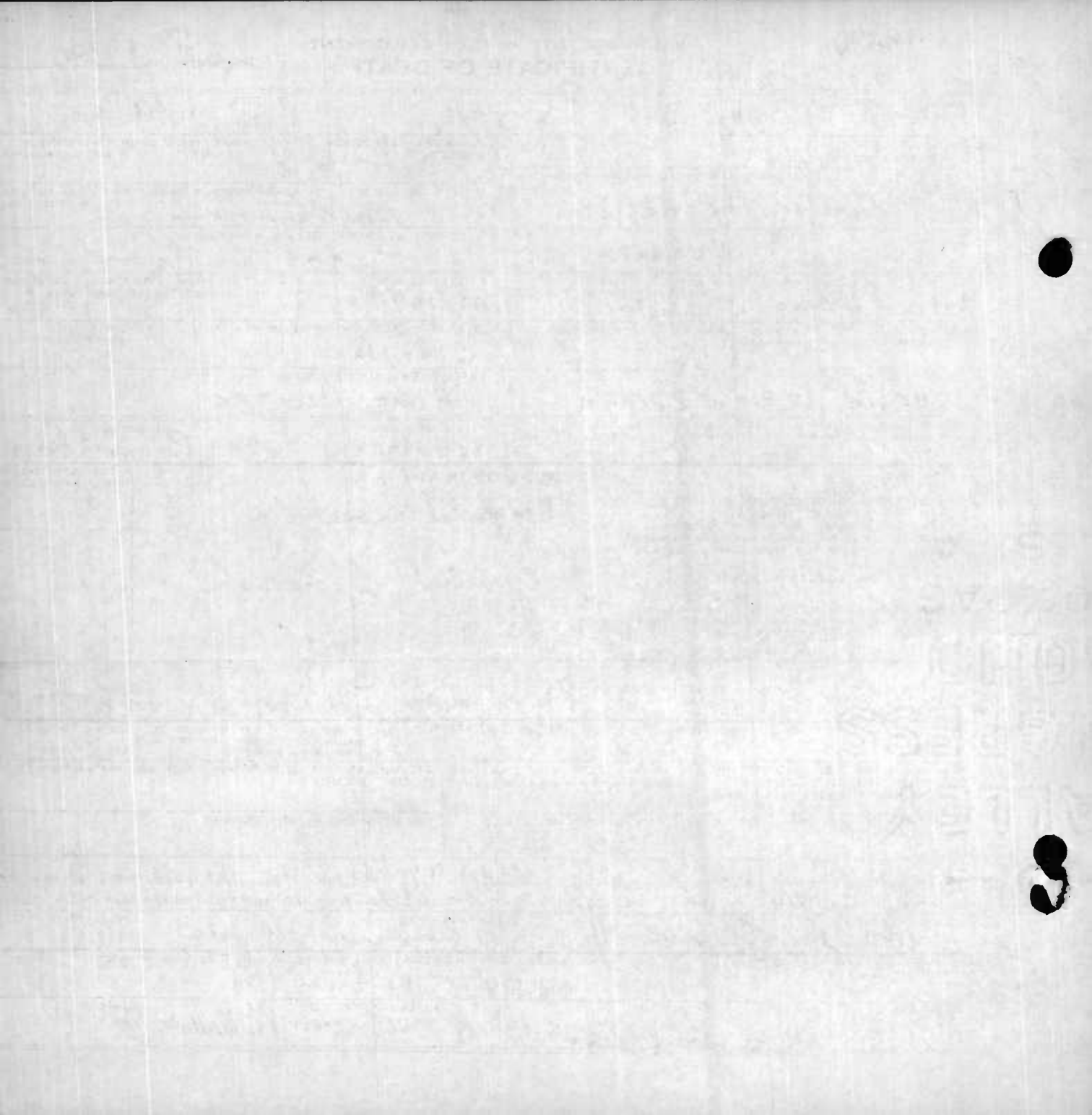
25. FUNERAL DIRECTOR

ADDRESS

NOV 26 1953

Huntington Williams, M.D.

0 Huntington Williams, M.D.



W-252

53 10391 53-26277

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10391
Registered No.

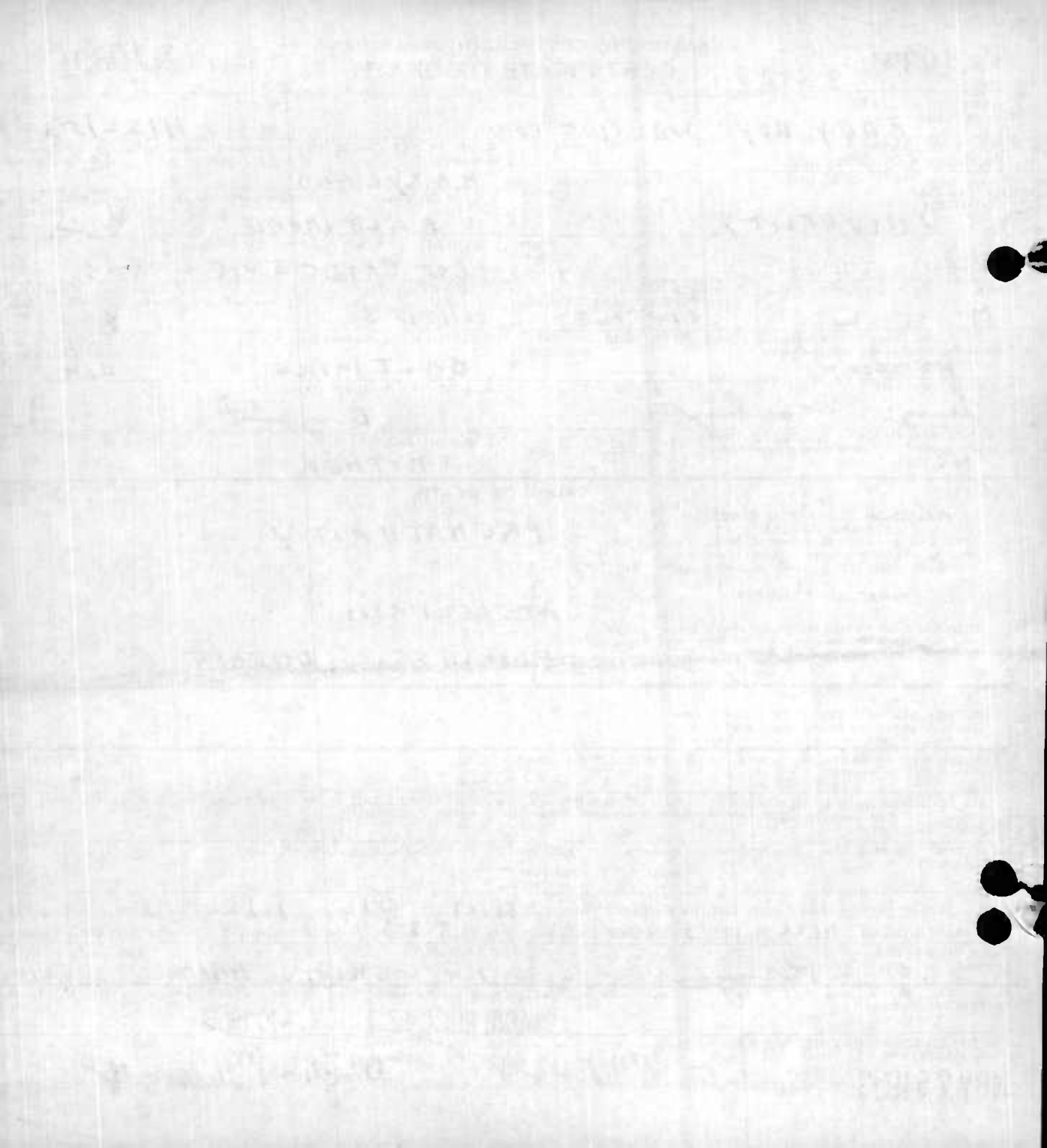
1. NAME OF DECEASED (Type or Print) BABY BOY WASHINGTON		2. DATE OF DEATH 11/22/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION UNIVERSITY		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 25-32	
6. LENGTH OF STAY IN BALTIMORE Yrs. 4 Mos. Days		D. STREET ADDRESS (If rural, give location) 605 BRIDGEVIEW RD.	
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 11/17/53
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NEWBORN		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 8
11. BIRTHPLACE (State or foreign country) BALTIMORE		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Long Washington		14. MOTHER'S MAIDEN NAME Byrant	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT MOTHER		ADDRESS	

18. 771.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) PREMATURITY (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) ATELECTASIS DUE TO		
(C) HEMORRHAGIC DISEASE DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/17 , 19 53 , to 11/22 , 19 53 , that I last saw the deceased alive on 11/22 , 19 53 and that death occurred at 8:30 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE J. M. Kruger		23B. ADDRESS UNIVERSITY HOSPITAL		23C. DATE SIGNED 11/22/53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
24D. LOCATION (City, town, or county)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR NOV 26 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Huntington Williams, M.D.	

MEDICAL CERTIFICATION

UNIVERSITY MEDICAL SCHOOL NOV. 25, 1953



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 10392BIRTH NO. 53 10392
63-259271. NAME OF DECEASED
(Type or Print)Baby Girl Cumbo2. DATE
OF
DEATH10-21-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONSinai Hospital of Balto. Inc

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 16-07

D. STREET ADDRESS (If rural, give location)

3036 Baker St #16

C. Length of stay in Baltimore

28 minYrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

Negro7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)S

8. DATE OF BIRTH

10-21-539. AGE (In years,
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.2810A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)NONE10B. KIND OF BUSINESS OR
INDUSTRYNone

11. BIRTHPLACE (State or foreign country)

Baltimore, Md12. CITIZEN OF
WHAT COUNTRY?U.S.A.

13. FATHER'S NAME

John Earl Cumbo

14. MOTHER'S MAIDEN NAME

Ida Vergie Howard Cumbo15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)No

(If yes, give war or dates of service)

No16. SOCIAL
SECURITY NO.NONE

17. INFORMANT

Father

ADDRESS

Above

18.

762.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Anoxia

DUE TO

Cause unknown

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

719B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-21, 1953, to 10-21, 1953, that I last saw the
deceased alive on 10-21, 1953, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Jimmy Kraw...

M. O.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

11-20-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

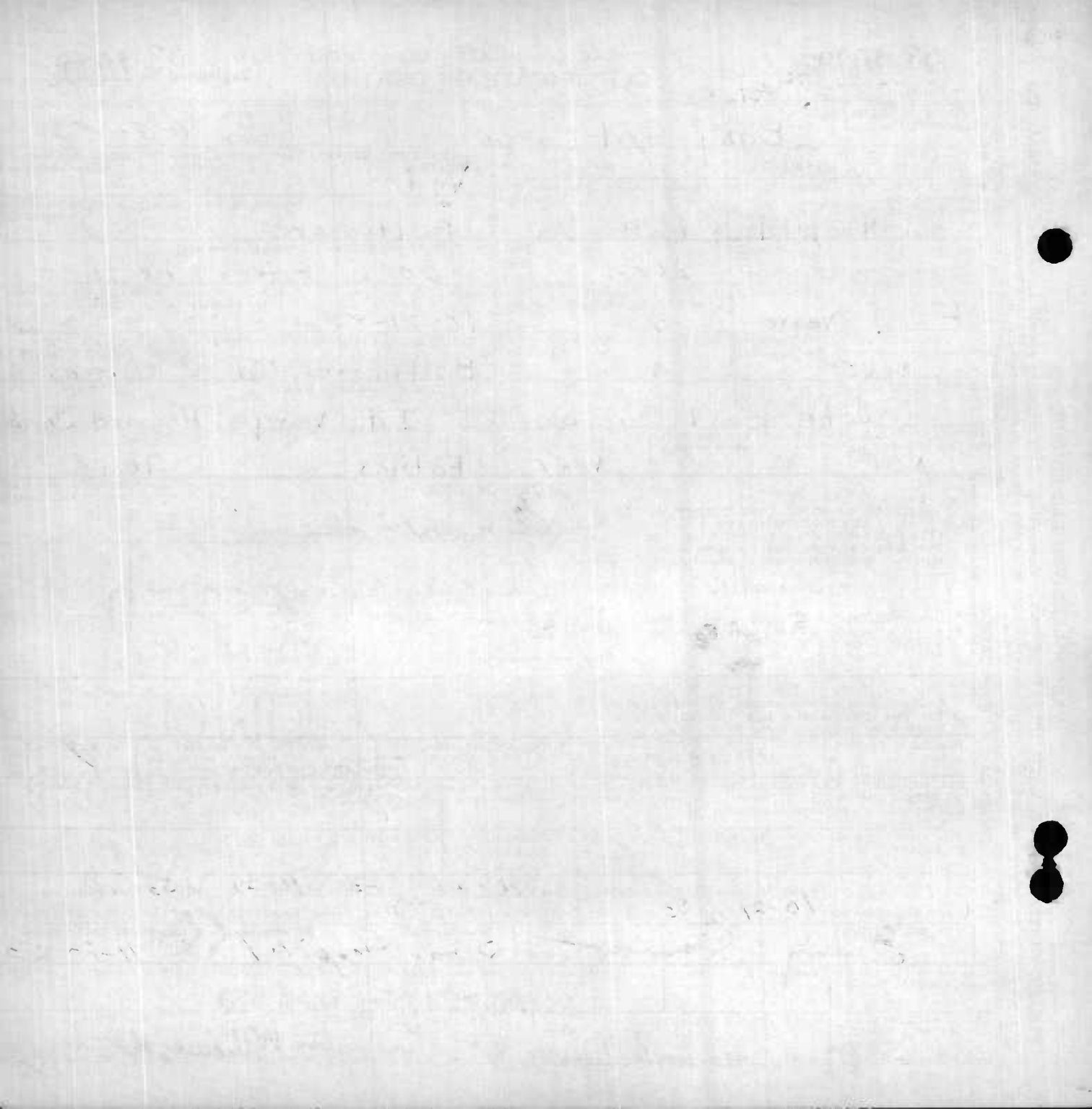
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 26 1953Huntington Williams, MDHuntington Williams, MD



554

53 10393

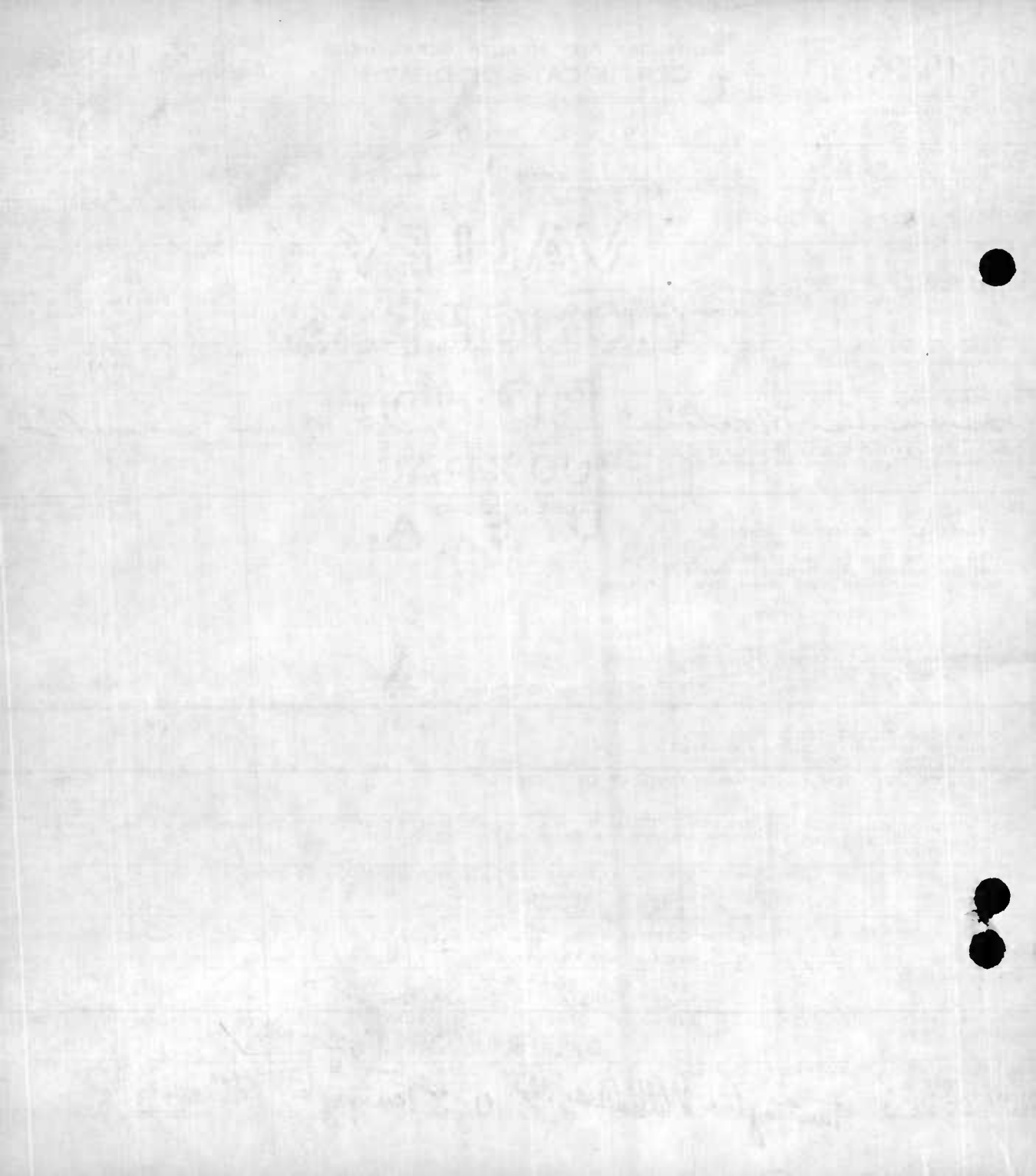
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10393

1. NAME OF DECEASED Type or Print BABY BOY TUMINELLO		2. DATE OF DEATH 11/17/53	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission) A. STATE MD B. COUNTY 20-06	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION UNIVERSITY HOSPITAL		6. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) BALTIMORE	
7. Length of stay in Baltimore Yrs. 1 Mos. 10 Days 10		8. STREET ADDRESS (If rural, give location) 175 BERNICE AV	
9. SEX M	10. COLOR OR RACE N	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	12. DATE OF BIRTH 11/14/53
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		14. KIND OF BUSINESS OR INDUSTRY	15. AGE (In years last birthday) 1
16. FATHER'S NAME Joseph La Martina		17. MOTHER'S MAIDEN NAME Rose Marie Taminello	
18. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		19. SOCIAL SECURITY NO.	20. INFORMANT ADDRESS MOTHER

1B. 776x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH Premature		INTERVAL BETWEEN ONSET AND DEATH 1 Day	
ANTECEDENT CAUSES		(A) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) DUE TO			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/16 , 19 53 , to 11/17 , 19 53 , that I last saw the deceased alive on 11/17 , 19 53 , and that death occurred at 8 a. m., from the causes and on the date stated above.					
23A. SIGNATURE Raymond A. Clemens		23B. ADDRESS University Medical School		23C. DATE SIGNED 11/17/53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE NOV 25 1953		24C. NAME OF CEMETERY OR CREMATORY UNIVERSITY MEDICAL SCHOOL	
24D. LOCATION (City, town, or county) MD		24E. (State)		24F. (State)	
25. DATE RECEIVED BY LOCAL REGISTRAR NOV 26 1953		REGISTRAR'S SIGNATURE Huntington Williams, MD		25. FUNERAL DIRECTOR ADDRESS Huntington Williams, MD	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 10394BIRTH NO. 53 10394

1. NAME OF DECEASED (Type or Print) THOMAS NICHOLAS			2. DATE OF DEATH Nov. 24, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION US Public Health Service Hospital Wyman Pk. Drive & 31st Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 2-03		
5. Length of stay in Baltimore ? Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 809 S. Broadway		
5. SEX M.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married (DIV)	8. DATE OF BIRTH 12/24/91	9. AGE (In years last birthday) 61	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman			10B. KIND OF BUSINESS OR INDUSTRY seafarer		
11. BIRTHPLACE (State or foreign country) Greece			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Gus Nicholas			14. MOTHER'S MAIDEN NAME Mary ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes WWI- USA			16. SOCIAL SECURITY NO. 091-12-7490		
17. INFORMANT Records- US PHS Hospital, Balto, Md.			ADDRESS Records- US PHS Hospital, Balto, Md.		

18. **493x and 157x** CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)
(A) **acute pulmonary congestion** DUE TO

INTERVAL BETWEEN ONSET AND DEATH
acute

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C) DUE TOII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.**Carcinoma of Pancreas & metastases within**

19A. DATE OF OPERATION ✓	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Sept. 25**, 19**53**, to **Nov. 24**, 19**53** that I last saw the deceased alive on **Nov. 24**, 19**53**, and that death occurred at **8:10A** m., from the causes and on the date stated above.

23A. SIGNATURE **Paul H. Ruffy** M. D. 23B. ADDRESS **US PHS Hospital, Balto, Md.** 23C. DATE SIGNED **11/24/53**

24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 11/27/53	24C. NAME OF CEMETERY OR CREMATORY Baltimore	24D. LOCATION (City, town, or county) (State) Baltimore
DATE RECEIVED BY LOCAL REGISTRAR NOV 26 1953	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Philip Herwig Sons	ADDRESS 2024 Orleans St

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 10395

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)FROCK Daisy2. DATE
OF
DEATH11/26/1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

38 University Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Emmitsburg

D. STREET ADDRESS (If rural, give location)

6000

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

6/29/11

9. AGE (in years last birthday)

42

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Waitress (St Joseph College)

11. BIRTHPLACE (State or foreign country)

BALTO. CO. MD.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

SAMUEL GLOCKEN

14. MOTHER'S MAIDEN NAME

ALICE SPRINKLE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

CARROLL FROCK - ABOVE18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Sub Arachnoid Hemorrhage
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardio-vascular Disease
DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/26/1953, 1953, to 11/26/53, 1953, that I last saw the deceased alive on 11/26/53, 1953, and that death occurred at 6 A m., from the causes and on the date stated above.

23A. SIGNATURE

G. H. Pearson

M. O.

23B. ADDRESS

University Heights

23C. DATE SIGNED

11/26/53

24A. BURIAL, CREMATION, OR MOVABLE (Specify)

24B. DATE

11/28/53

24C. NAME OF CEMETERY OR CREMATORY

ELIAS LUTHERAN CEM.

24D. LOCATION (City, town, or county)

Emmitsburg Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

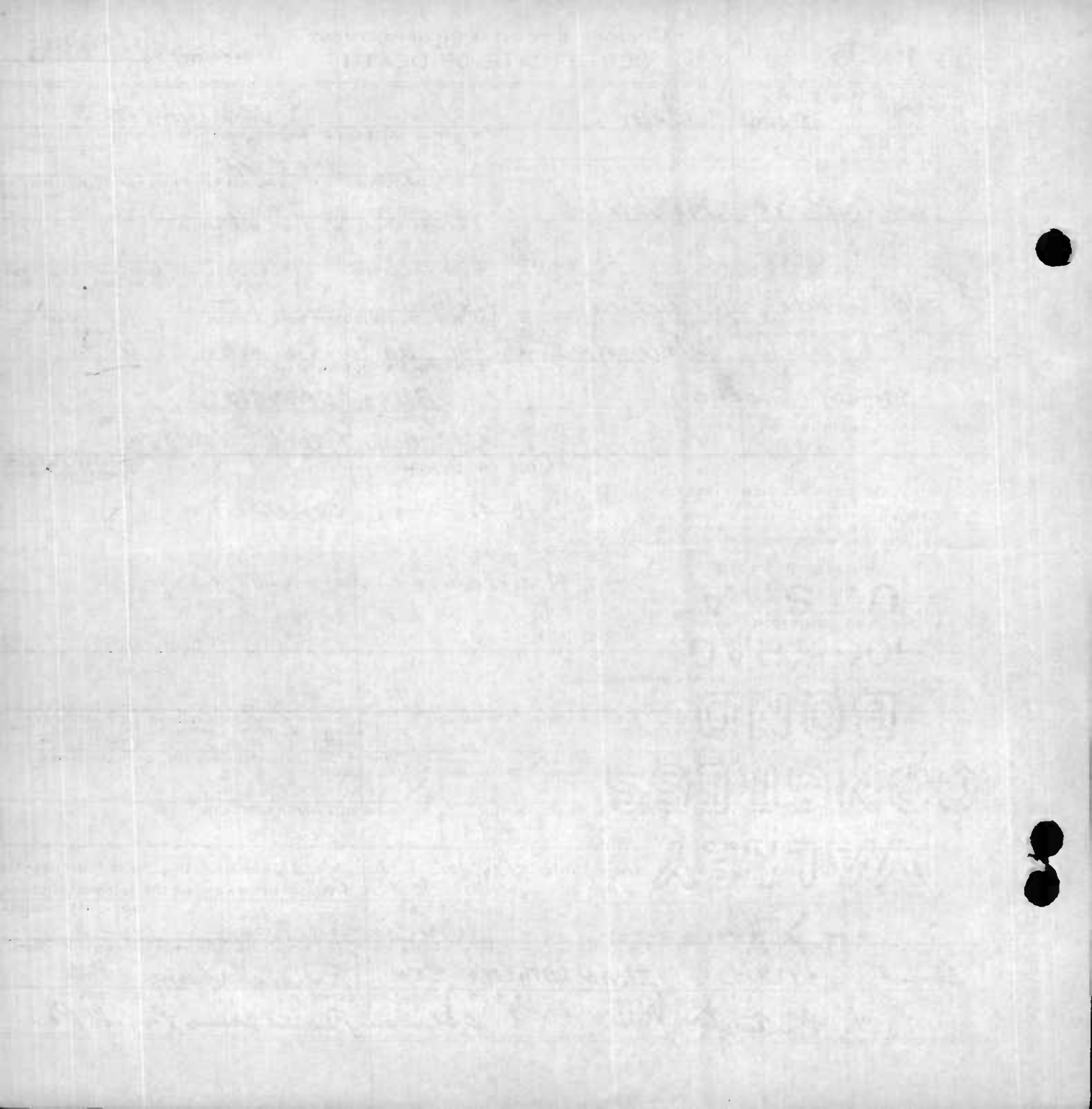
REGISTRAR'S SIGNATURE

Huntington Williams, Md

25. FUNERAL DIRECTOR

Allison Funeral Home Fairfield Pa.

ADDRESS



8-65

53 10396

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10396

1. NAME OF DECEASED (Type or Print) ANNA. PRANINESKY (PRANINSKAS)		2. DATE OF DEATH Nov 24 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTO.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 4815 Herring Run Drive BALTO. 27-03		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)	
C. Length of stay in Baltimore 584yrs		D. STREET ADDRESS (If rural, give location) 4815 Herring Run Drive	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov 20-1885-68
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Button Sewer		10B. KIND OF BUSINESS OR INDUSTRY ClOth. Mfg	9. AGE (In years last birthday) 68
13. FATHER'S NAME CARL. PRANINESKY		14. MOTHER'S MAIDEN NAME ANNA. INGONNTA.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 217-01-9100A	
17. INFORMANT ELIZ. NIXON		ADDRESS 4815 Herring Run	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) Nov 24 1953	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May , 1952, to Nov , 1953, that I last saw the deceased alive on Oct , 1953, and that death occurred at 5:45 P.m. , from the causes and on the date stated above.			
23A. SIGNATURE J. S. Harding		23B. ADDRESS 3805 Belair Rd	23C. DATE SIGNED Nov. 25/53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov 28-1953	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	24D. LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND
DATE RECEIVED BY LOCAL REGISTRAR NOV 26 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
		25. FUNERAL DIRECTOR George L. Schwab ADDRESS 2101 Frederick Ave.	

Mr. Harding
3805 Belair Rd

5-432

53 10397

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10397
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Maggie Henning Schultz

2. DATE
OF
DEATH

Nov. 24, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE B. COUNTY

Md. - 3200 - Elmore Ave - Baltimore

5. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

3200 Elmore Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore (13)

6. Length of stay in Baltimore

78 years

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3200 - Elmore Ave 8-01

7. SEX

Female

8. COLOR OR RACE

White

9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

10. DATE OF BIRTH

Nov. 3, 1875

11. AGE (In years last birthday)

78

12. Under 1 Year

Months: Days

13. Under 24 Hours

Hours: Min.

14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

15. KIND OF BUSINESS OR INDUSTRY

16. BIRTHPLACE (State or foreign country)

Baltimore, Md.

17. CITIZEN OF

U.S.A.

18. FATHER'S NAME

Charles W. Henning

19. MOTHER'S MAIDEN NAME

Angelena Schroeder

20. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

21. (If yes, give war or dates of service)

No

22. SOCIAL SECURITY NO.

None

23. INFORMANT

Albert V. Schultz, 3200 Elmore Ave

24. ADDRESS

25. 442X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arterio-sclerotic cardio-vascular renal disease

1951

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

26. DATE OF OPERATION

27. MAJOR FINDINGS OF OPERATION

28. AUTOPSY?

YES ☐ NO ☐

29. ACCIDENT, SUICIDE, HOMICIDE (Specify)

30. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

31. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

32. TIME (Month) (Day) (Year) (Hour)

33. INJURY OCCURRED

34. HOW DID INJURY OCCUR?

35. INJURY

36. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

I hereby certify that I attended the deceased from 6-18-1951, to 11-24-1953, that I last saw the deceased alive on 11-24-1951, and that death occurred at 11-25-1953, from the causes and on the date stated above.

37. SIGNATURE

Morton D. Lang

38. ADDRESS

M. D.

2117 Belair Rd (13)

39. DATE SIGNED

11-25-53

40. BURIAL, CREMATION, REMOVAL (Specify)

Burial

41. DATE

Nov. 27, 1953

42. NAME OF CEMETERY OR CREMATORY

Cedar Hill

43. LOCATION (City, town, or county)

Baltimore, Md

(State)

44. DATE RECEIVED BY LOCAL REGISTRAR

45. REGISTRAR'S SIGNATURE

Huntington W. E. ...

46. FUNERAL DIRECTOR

Earl B. Wolverton Funeral Home, Inc.

47. ADDRESS

403 - E. 25th St. Baltimore - 18, Md.

NOV 26 1953

- 451

53 10398

IRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10398
Registered No.NAME OF DECEASED
(Type or Print)

Louise M. Colombo,

2. DATE
OF
DEATH

Nov. 24, 1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)
OSPITAL OR
INSTITUTION

5113 Queensberry Ave.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore,

27-17

D. STREET ADDRESS (If rural, give location)

5113 Queensberry Ave.

Length of stay in Baltimore

life

Yrs.
Mos.
Days

SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Sept. 1, 1900

9. AGE (In years
last birthday)

53

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

a t home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

August Mielke

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mr. Alfonso Colombo, 5113 Queensberry Ave.

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

24 hr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertension

4 + yrs.

DUE TO

(C)

Arteriosclerosis

4 + yrs.

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

I hereby certify that I attended the deceased from June, 1949, to Nov. 24, 1953, that I last saw the deceased alive on Nov. 24, 1953, and that death occurred at 10 Pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

2320 Eutaw Place

11/25/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Nov. 28, 1953

Holy Cross Cemetery

A. A. County, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 26 1953

Huntington Williams, 4611 Park Heights Ave.

4611 Park Heights Ave.

CENTRAL AND SOUTH AMERICAN

Colombia

Colombia

Colombia

Colombia

Colombia

Colombia

Colombia

Colombia

Colombia

Colombia

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Colombia

Colombia

Colombia

K-500

3 10399

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10399
Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print) Mr. John Keeney

2. DATE
OF
DEATH

11/25/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Church home and Hospital

Yrs.
Mos.
Days

5. Length of stay in Baltimore

6. SEX

M

7. COLOR OR RACE

W

8. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

9A. USUAL OCCUPATION (Give kind of
work done during most of working life even if retired)

Box maker

9B. KIND OF BUSINESS OR
INDUSTRY

Box making

10. FATHER'S NAME

Milton Keeney

11. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)12. SOCIAL
SECURITY NO.
1970763034. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Penn.

B. COUNTY

Adams

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

McSherrystown

D. STREET ADDRESS (If rural, give location)

131 1/2 South St.

B. DATE OF BIRTH

6/28/02

9. AGE (In years
last birthday)

51

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.

11. BIRTHPLACE (State or foreign country)

Penn.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. MOTHER'S MAIDEN NAME

Lally Stremmel

14. INFORMANT

ADDRESS

18.

162X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) Bronchogenic Carcinoma

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

1 month

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Clinical evidence of brain metastases

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

none

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from 11/20, 1953 to 11/25, 1953, that I last saw the
deceased alive on 11/25, 1953, and that death occurred at 6:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

L. Blair

M. D.

23B. ADDRESS

Church Home Hospital

23C. DATE SIGNED

25 Nov 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

REMOVAL

24B. DATE

11/27/53

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

McSherrystown - PA.

25. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington

26. FUNERAL DIRECTOR

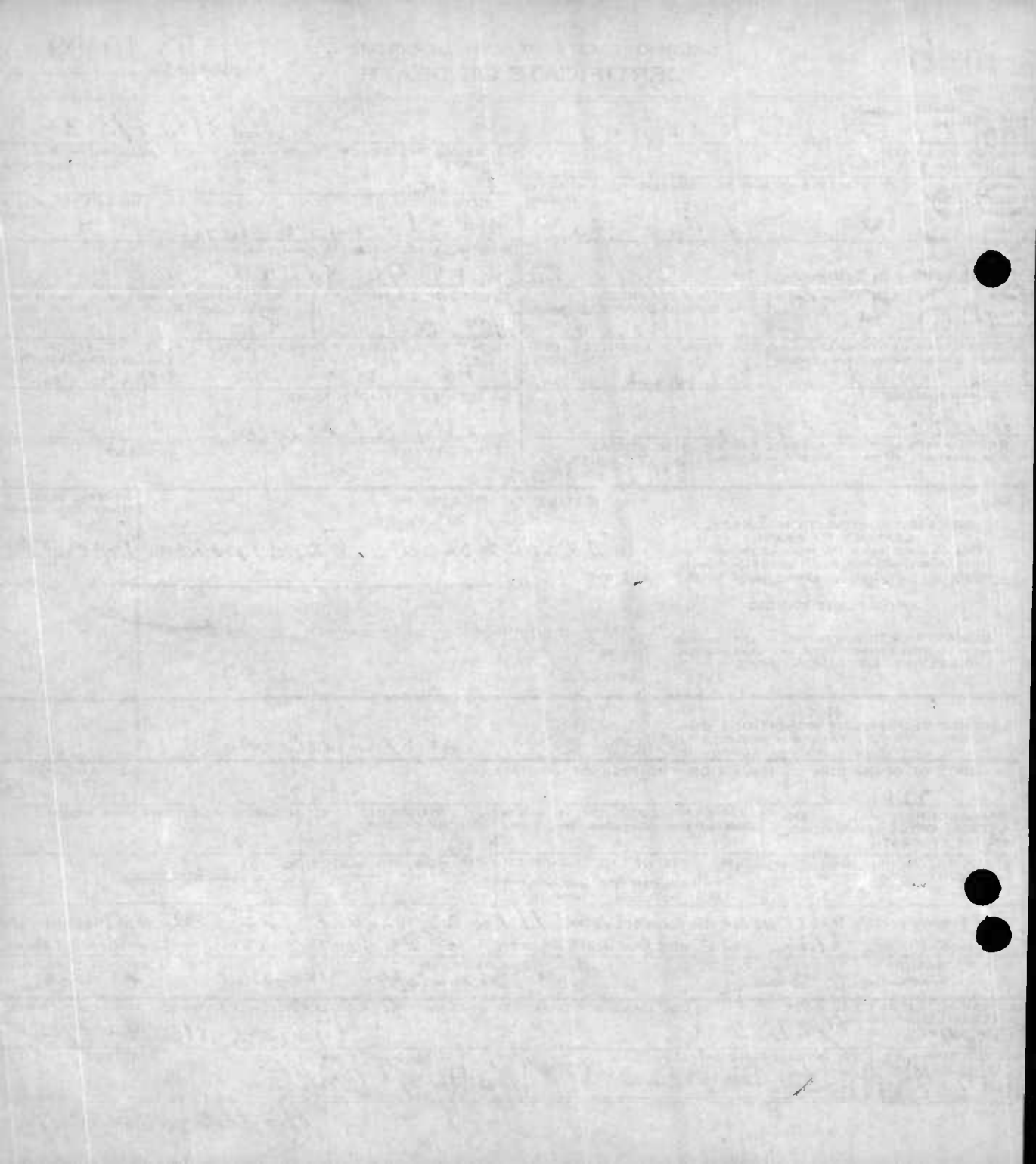
Hedy J. Walter

ADDRESS

McSherrystown, Pa.

VS 150

6904K



HERBERT
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10400
Registered No. 53 10400

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Hubert

2. DATE
OF
DEATH

11-26-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

BALTO.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

38 University

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Bentley Springs

D. STREET ADDRESS (If rural, give location)

53-00

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9/29/1896

9. AGE (In years
Month Day)

57

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired)

FIREMAN

10B. KIND OF BUSINESS OR INDUSTRY

PAPER MFG CO.

11. BIRTHPLACE (State or foreign country)

HARTFORD Co. Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

CHARLES E. HERBERT

14. MOTHER'S MAIDEN NAME

CLARA B. STRETT

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unknown)

yes

(If yes, give war or dates of service)

W. W. I

16. SOCIAL SECURITY NO.

218-10-4351

17. INFORMANT

Mrs. John Herbert - (Daughter)

ADDRESS

18. 581.0 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Congestive heart failure

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Pneumonia

(C)

Hepatic damage, severe
probably cirrhosis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-23-1953 to 11-26-1953, that I last saw the deceased alive on 11-23-1953, and that death occurred at 7:29 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. Felipe Gonzalez

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

11-26-53

24A. BURIAL - CREMA-
TION REMOVAL (Specify)

24B. DATE

11/29/53

24C. NAME OF CEMETERY OR CREMATORY

Stablersville Cem.

24D. LOCATION (City, town, or county)

Larkton, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington, Williams, Md.

25. FUNERAL DIRECTOR

Charles J. Santorini

ADDRESS

New Freedom, Pa.

~~9/29/1896~~

(57)

Harlow C. ~~W~~

Jessie - Paper ~~W~~

Charles E.

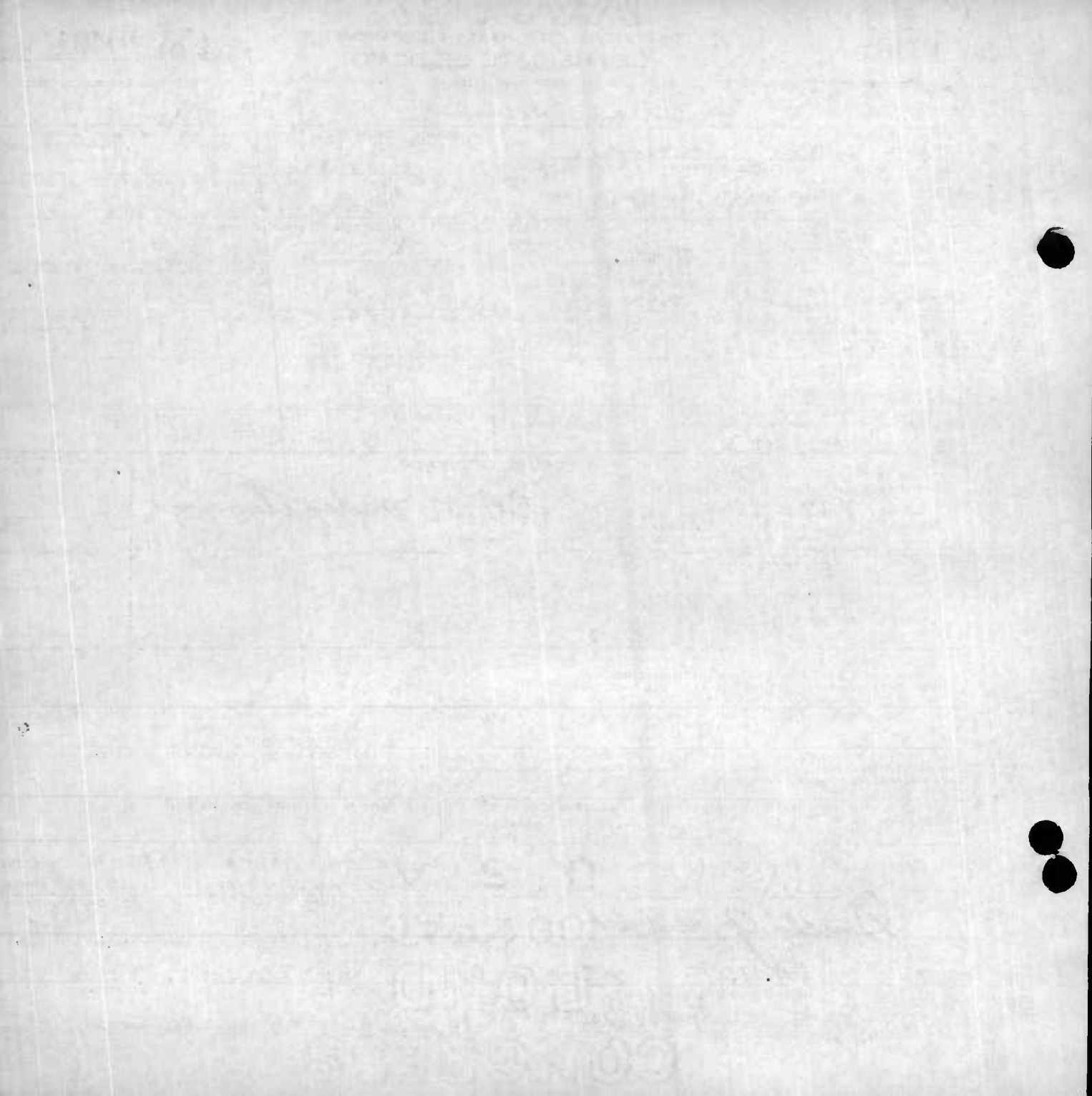
Clare Belle Street

218-10-4351

W.W. 1

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 10401**

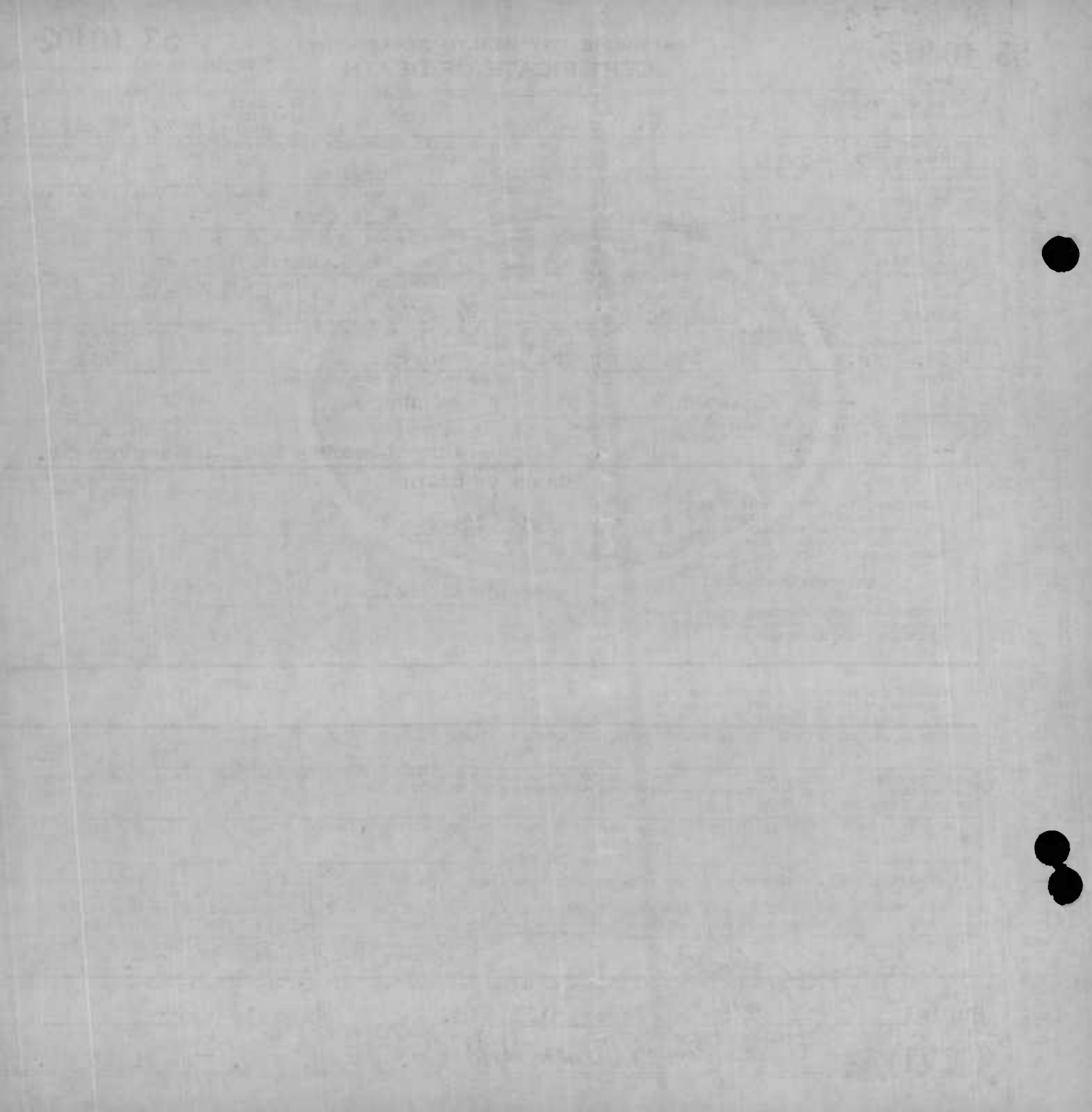
BIRTH NO. 53 10401		1. NAME OF DECEASED (Type or Print) William Kennedy		2. DATE OF DEATH Nov 26, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland Stal 1		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Florida B. COUNTY V-68		5. CITY OR TOWN (If outside corporate limits, write RURAL and give township) West Palm Beach	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		6. STREET ADDRESS (If rural, give location) 1207 Florida Ave		7. DATE OF BIRTH 2-5-1893	
c. Length of stay in Baltimore 28 das.		8. DATE OF BIRTH		9. AGE (In years last birthday) 60	
5. SEX male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) tile setter		10B. KIND OF BUSINESS OR INDUSTRY
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) tile setter		11. BIRTHPLACE (State or foreign country) Cleveland, Ohio		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME William Kennedy		14. MOTHER'S MAIDEN NAME Anna		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL	
18. 164 X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) CA of mediastinum			
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in nr about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 10/28 , 19 53 , to 11/26 , 19 53 , that I last saw the deceased alive on 11/26 , 19 53 , and that death occurred at 4:22 P. m., from the causes and on the date stated above.		23A. SIGNATURE Donald J. Mulder	
23B. ADDRESS HOPKINS HOSPITAL		23C. DATE SIGNED		24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24B. DATE Nov. 27, 1953		24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery		24D. LOCATION (City, town, or county) (State) West Palm Beach, Florida	
DATE RECEIVED BY LOCAL REGISTRAR NOV 27 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Wm. J. Mulder & Son Baltimore Md	



K-520
53 10402BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10402
Registered No.

BIRTH NO.			2. DATE OF DEATH		
1. NAME OF DECEASED (Type or Print) EZELL E. KING			November 24, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital			C. CITY OR TOWN (If outside corporate limits, write full name and township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 608 S. Hanover Street		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9/16/05	9. AGE (in years last birthday) 48	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mach. Opr.		10B. KIND OF BUSINESS OR INDUSTRY Stamping Co.		11. BIRTHPLACE (State or foreign country) Georgia	
13. FATHER'S NAME ----- Crisson			12. CITIZEN OF WHAT COUNTRY? USA		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) -- --			14. MOTHER'S MAIDEN NAME Unknown		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Glenn Stowers 608 S. Hanover St.		

18. 581.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fatty liver DUE TO (A) Chronic alcoholism DUE TO (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE <i>William W. Denny</i>	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED Nov. 24, 1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/27/53	24C. NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.
24D. LOCATION (City, town, or county) (State) Ritchie Hgwy	25. FUNERAL DIRECTOR ADDRESS JOHN F. DENNY, INC. 715 Light St.	



450
10403

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10403
Registered No.

IRTH NO.

NAME OF DECEASED
(Type or Print)

Carol C. Clem

2. DATE

OF DEATH November 26

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

LUTHERAN HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution, give residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

800 JACK ST. #25

Length of stay in Baltimore

Six years

SEX

Male

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

B. DATE OF BIRTH

Jan. 28, 1940

9. AGE (In years last birthday)

13

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)

schoolboy

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

FATHER'S NAME

Walter E. Clem

14. MOTHER'S MAIDEN NAME

Louise Jordan

13. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Walter E. Clem

ADDRESS

800 Jack St #25

18. 576x I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Peritonitis, generalized of unknown etiology.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Nov. 23, 1953

19B. MAJOR FINDINGS OF OPERATION

Generalized peritonitis

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

I hereby certify that I attended the deceased from Nov. 23, 1953, to Nov. 26, 1953, that I last saw the deceased alive on Nov. 24, 1953, and that death occurred at 8:10 A. m., from the causes and on the date stated above.

23A. SIGNATURE

James V. Plamey

23B. ADDRESS

M. D.

Lutheran Hospital

23C. DATE SIGNED

Nov. 26, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/28/53

24C. NAME OF CEMETERY OR CREMATORY

Meadowridge Mem. Pk

24D. LOCATION (City, town, or county)

Dorsey, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

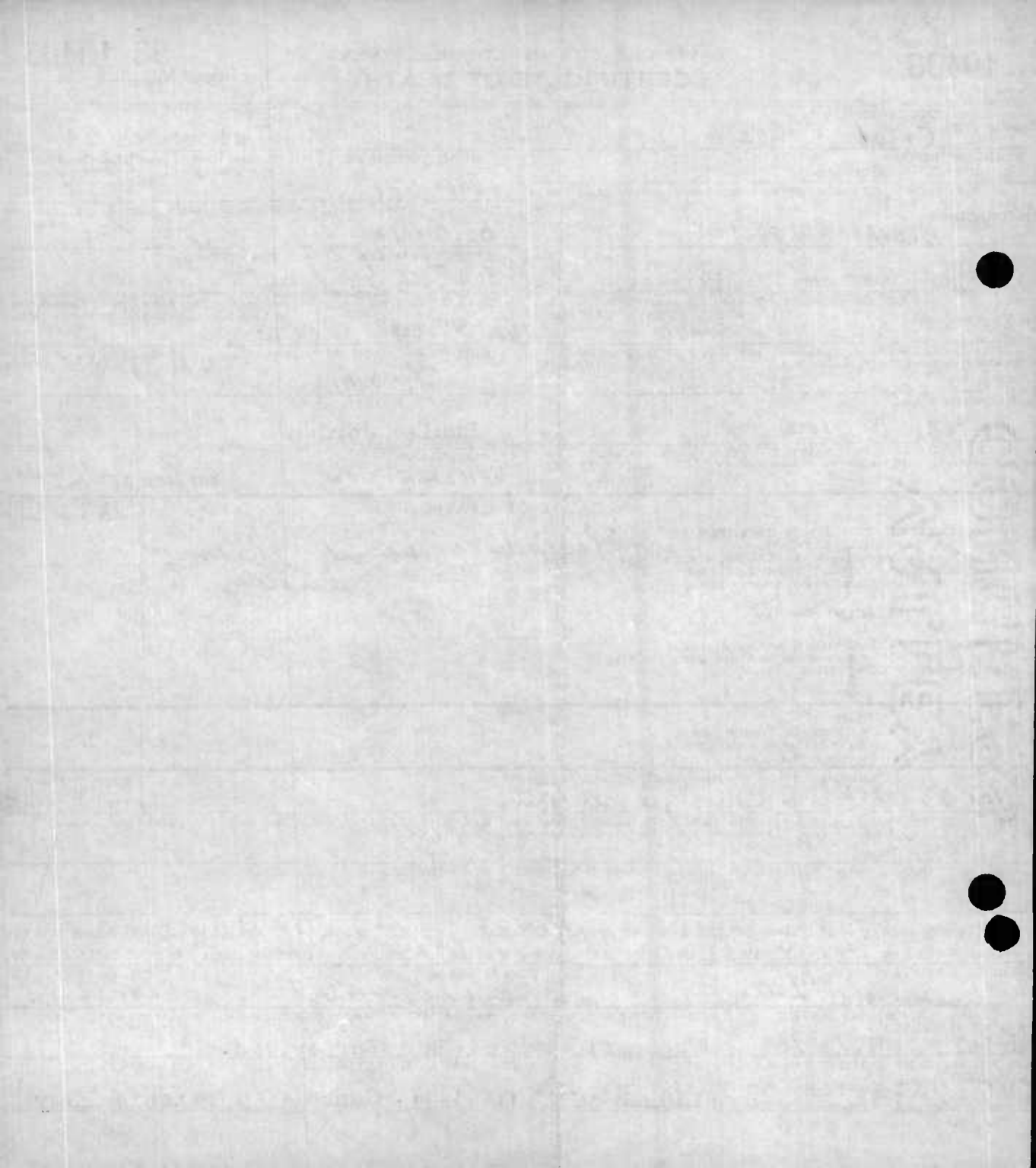
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Nov 27 1953 - H. H. Williams, M.D.

George J. Gonce 4001 Ritchie Hgwy



B-650 **CERTIFICATE CORRECTED** 1-8-54
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10404 Registered No. 53 10404

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		JACOB BRYAN		November 23, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or location)		A. STATE Maryland			
St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1717 N. Bethel Street			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday)	If Under 1 Year Months Days
Male	White	Divorced	Jan. 28, 1879	74	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
ENGINEER		B. & O. R.R.		Talbot Co. Md.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
Jacob A. Bryan		Rose Miller		ELIZABETH DOLBY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
		705-12-1641		William J. Bryan 219 Pinewood Ave.	
18. CAUSE OF DEATH					INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
(A) Arteriosclerotic cardiovascular disease					
DUE TO					
ANTECEDENT CAUSES					
(B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
DUE TO					
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Partial Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Nov. 24, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		11.27.53		Barber Cemetery	
24D. LOCATION (City, town, or county)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
Trappe, Md.		John O. Mitchell & Sons		1900 Eutaw Place	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		ADDRESS	
NOV 27 1953		Huntington Williams		1900 Eutaw Place	
VS 151		js		54150	

1000

RECEIVED

Jan. 25, 1907

Jan. 26, 1907

Jan. 27, 1907

Jan. 28, 1907

Jan. 29, 1907

100

100

100

100

100

100

100

100

100

100

100

13-320
10405

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53, 10405

IRTH NO.

NAME OF DECEASED
(Type or Print)

EVELYN WYLLIE BETTS

2. DATE
OF
DEATH

NOV. 24, 1953.

PLACE OF DEATH:

Baltimore City, Maryland U.M.H. - BALTO, Md.

FULL NAME OF (If not in hospital or institution, give street address or location)

THE UNION MEMORIAL HOSPITAL

Life Yrs.
Mos.
Days

Length of stay in Baltimore

SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SINGLE

8. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

TIRED SCHOOL TEACHER

10. KIND OF BUSINESS OR INDUSTRY

Baltimore City Public Schools

FATHER'S NAME

ALEXANDER BETTS

9. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

FEB. 15, 1889

9. AGE (In years last birthday)

64

11 Under 1 Year

Months Days

12 Under 24 Hours

Hours Min.

11. BIRTHPLACE (State or foreign country)

BALTIMORE, Md.

12. CITIZEN OF WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

KATE Phillips

ADDRESS

Miss Elnora Lawton Cambridge Arms Apts.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CORONARY INFARCTION involving septum.

18 hours 10 min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive & arteriosclerotic cardiovascular disease

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

I hereby certify that I attended the deceased from 1 AM NOV. 24, 1953 to 6 10 PM NOV. 24, 1953, that I last saw the deceased alive on NOV. 24, 1953, and that death occurred at 6 10 m., from the causes and on the date stated above.

23A. SIGNATURE

Paul M. Alesse

23B. ADDRESS

U.M.H.

23C. DATE SIGNED

11/24/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11 - 27 - 53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

John O. Mitchell & Sons, Inc.-1900 Eutaw Place

ADDRESS

John O. Mitchell

0938V

Medical Examiner's Case

Released to Hospital

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 10406

BIRTH NO. 53-22160

1. NAME OF DECEASED
(Type or Print)

George Robinson

2. DATE
OF
DEATH

September 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

1724. 6PD

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1913 Brunt St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Robinson

14. MOTHER'S MAIDEN NAME

Jean

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.17. INFORMANT
JOHNS HOPKINS HOSPITAL

ADDRESS

18.

763.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORKNOT WHILE
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 13, 1953 to Sept. 18, 1953 that I last saw the
deceased alive on Sept. 15, 1953 and that death occurred at 12:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

P. T. D.

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

11/1/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

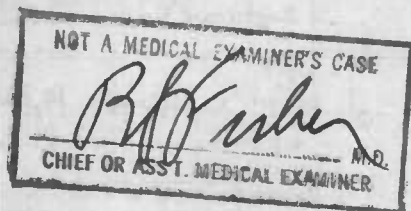
25. FUNERAL DIRECTOR

ADDRESS

NOV 27 1953 Huntington Williams, M.D.

VS 150

Certificate to be approved by Medical Examiner



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 10407

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Baby Helen Sellman

2. DATE
OF
DEATH

Nov. 18-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address of location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CAUSE OF DEATH

Premat atelectasis +
pulmonary hyaline
membrane disease
PrematurityINTERVAL BETWEEN
ONSET AND DEATHFrom
Birth.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 18, 1953, to Nov. 18, 1953, that I last saw the deceased alive on Nov. 18, 1953, and that death occurred at 11:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

11/19/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

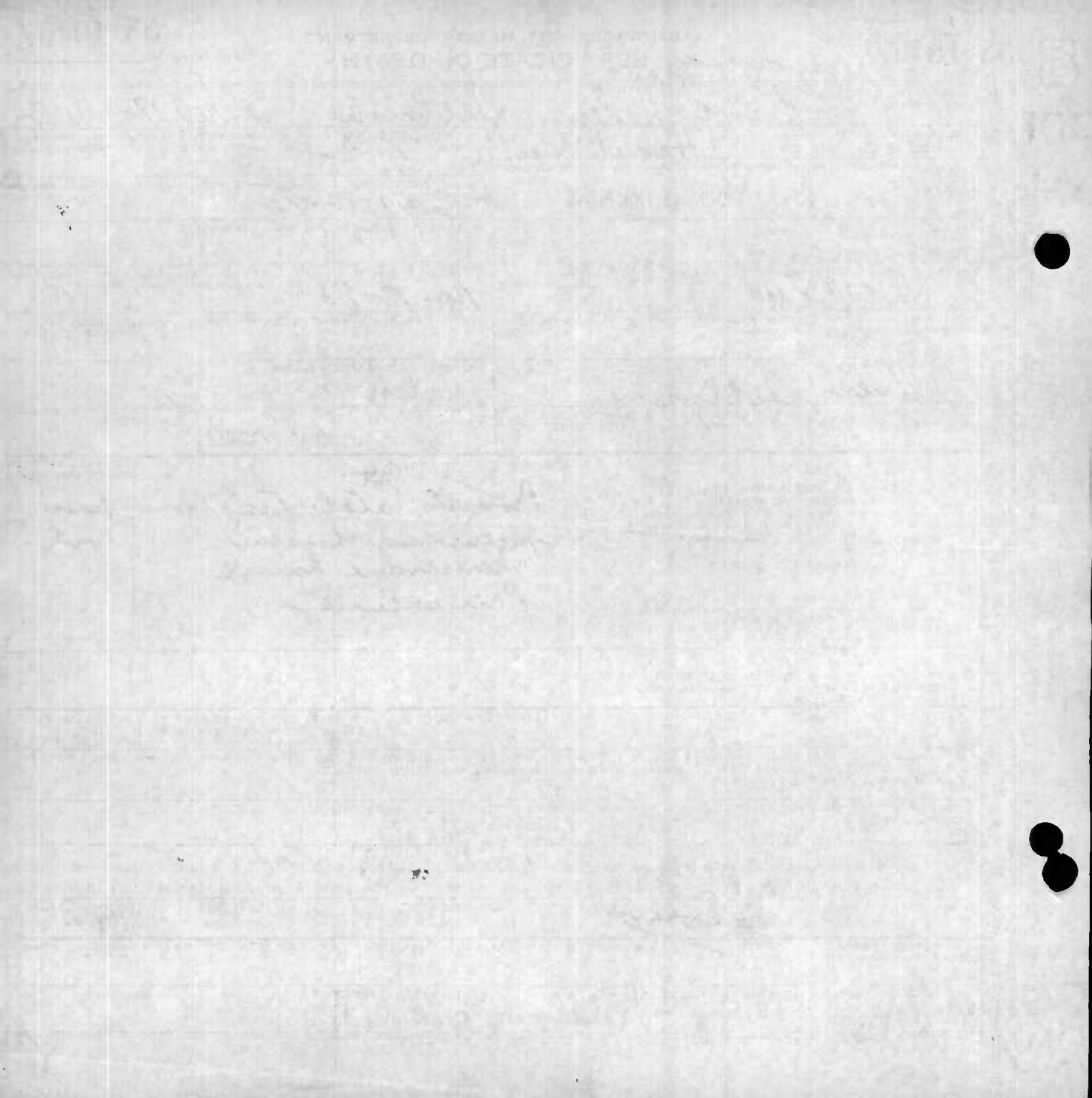
25. FUNERAL DIRECTOR

ADDRESS

NOV 27 1953

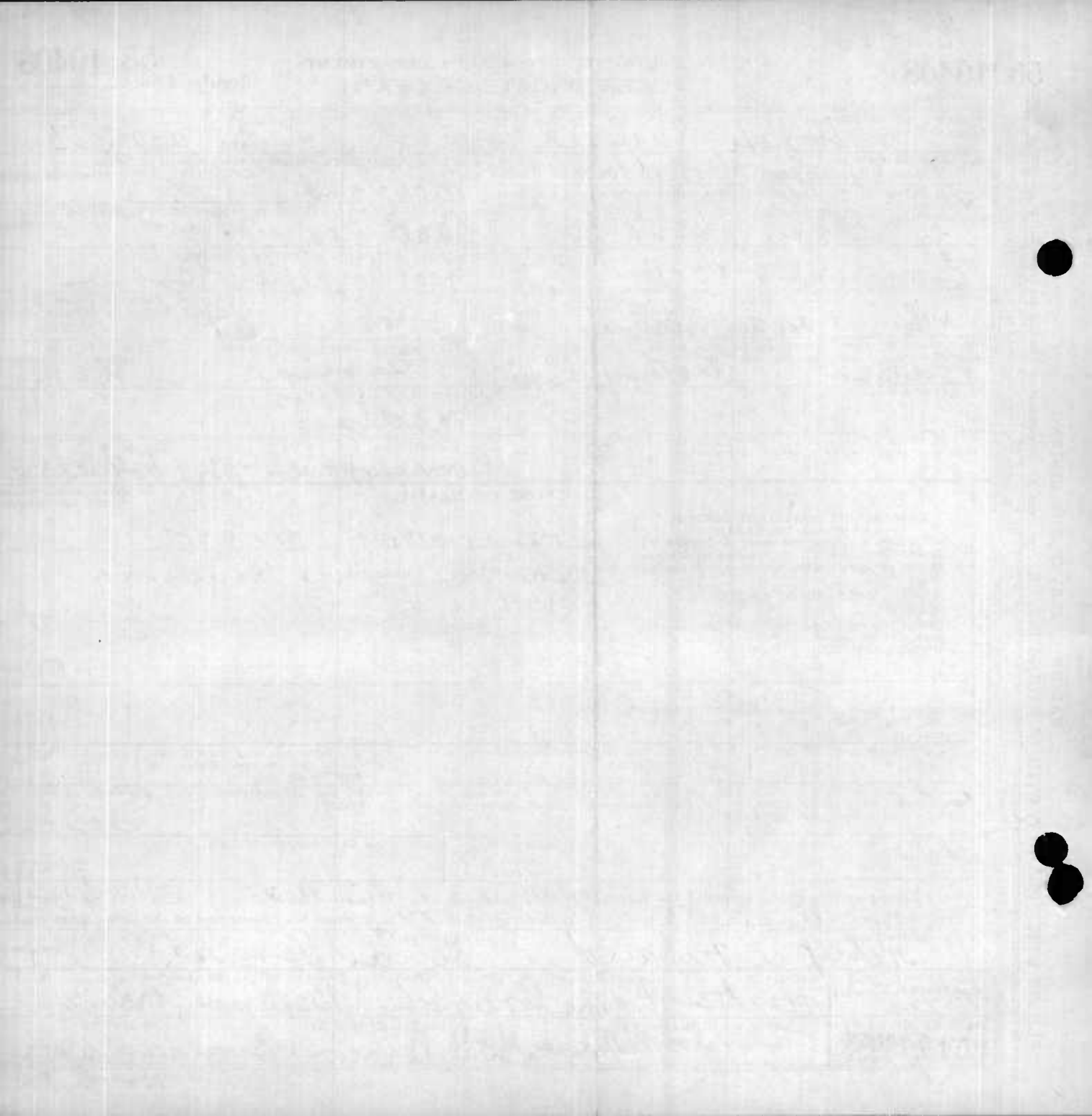
Huntington Williams, Jr.

100 400



533 The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-520		HONICK		BALTIMORE CITY HEALTH DEPARTMENT		53 10408	
10408		BIRTH NO.		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) <i>Honick, Samuel</i>				2. DATE OF DEATH <i>11-25-53</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto.</i>				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Sinai Hospital</i>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
c. Length of stay in Baltimore <i>50 yrs.</i>				D. STREET ADDRESS (If rural, give location) <i>4001 Annelen Road</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>1886</i>	9. AGE (In years, last birthday) <i>67</i>	10. Under 1 Year Months: Days	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Foreman</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Clothing Shop</i>		11. BIRTHPLACE (State or foreign country) <i>Russia</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME <i>Matha?</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Bernard Honick - 3344 Solfield Ave</i>			
18. <i>204.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>respiratory arrest</i> DUE TO <i>chronic myeloid leukemia</i>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>i</i> DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>11-11-53</i> , 19 <i>53</i> to <i>11-25</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>11-25</i> , 19 <i>53</i> , and that death occurred at <i>5:45</i> p.m., from the causes and on the date stated above.							
23A. SIGNATURE <i>Robert A. Ireland</i>				23B. ADDRESS <i>Sinai Hospital</i>		23C. DATE SIGNED <i>11-25-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11/27/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Anshe Emunah</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore, Maryland</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 27 1953</i>		REGISTRAR'S SIGNATURE <i>Thurston Williams</i>		25. FUNERAL DIRECTOR <i>Bel. Levinson</i>		ADDRESS <i>Broz - 1124 26 W. North Ave</i>	

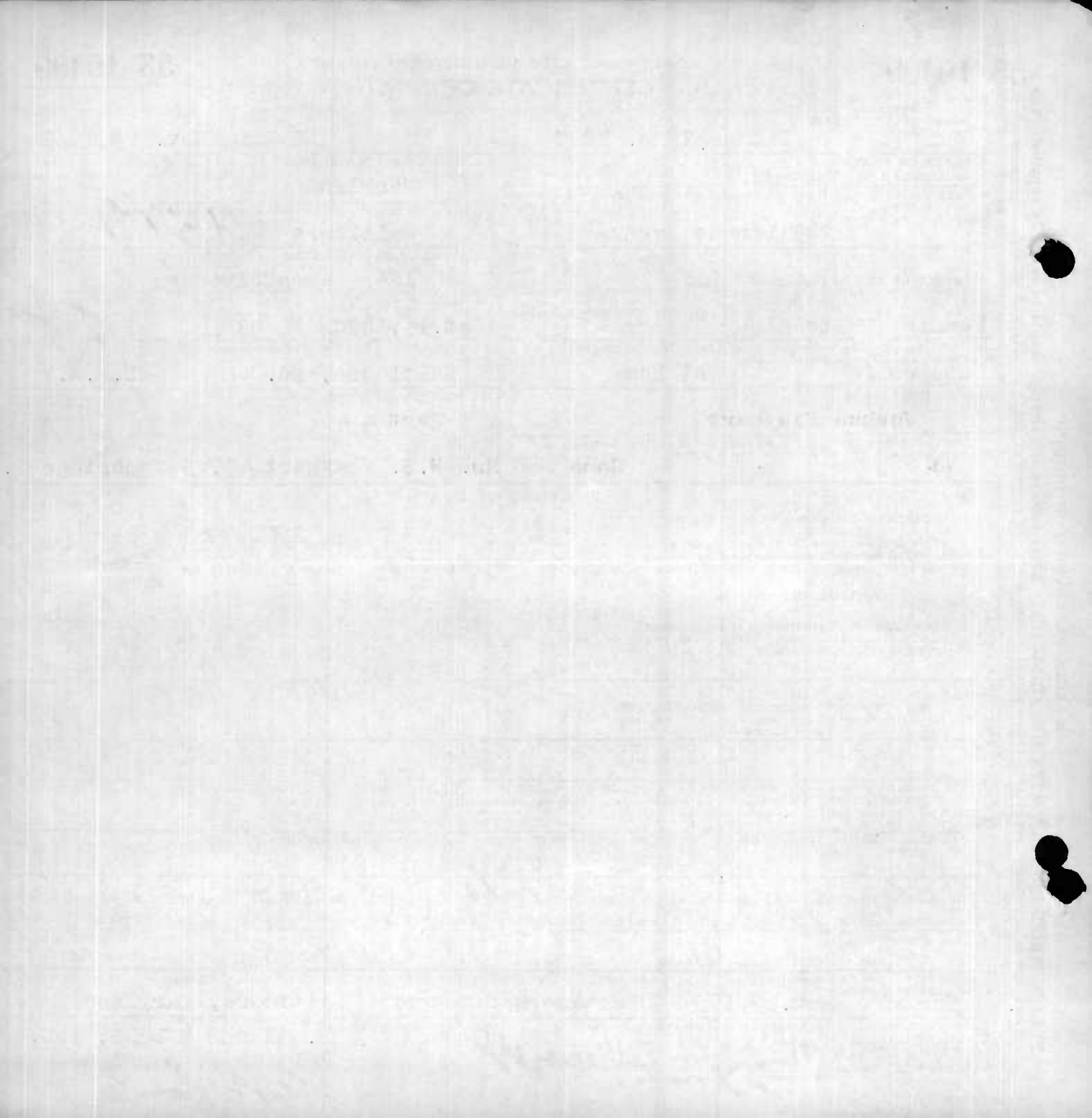


53 10409

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10409

BIRTH NO.			
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
ELIZABETH A. MOST		Nov. 24, 1953	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
A. Baltimore City, Maryland		A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)	
1743 Lamont Avenue		Baltimore	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)	
Life		1743 Lamont Avenue	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
Female	White	Widowed	Oct. 19, 1870
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday)
Housewife		at Home	83
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Baltimore, Md.		U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Joshua Flayhart		Martha	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
No		None	
17. INFORMANT		ADDRESS	
Mr. H.S. Flayhart		3929 Woodridge Rd.	
18. CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)			2 years
(A) Chronic myocarditis & myocardial degeneration			
DUE TO			
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.			
(B) DUE TO			
(C) DUE TO			
II OTHER SIGNIFICANT CONOITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED	
		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 9, 1951, to Nov 22, 1953, that I last saw the deceased alive on Nov 22, 1953, and that death occurred at 12:05 P.M., from the causes and on the date stated above.			
23A. SIGNATURE		23B. ADDRESS	
[Signature]		1500 E. Main One	
		23C. DATE SIGNED	
		Nov 25, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
Burial		Nov. 27, 1953	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Baltimore Cemetery		Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE	
NOV 27 1953		[Signature]	
		25. FUNERAL DIRECTOR	
		H. SANDER & SONS, INC.	
		Baltimore, Maryland	



S-450
10410BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53,10410

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY SCHUEHLEIN

2. DATE
OF DEATH Nov. 24, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR 1836 E. 29th Street
INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
1836 E. 29th Street

E. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX Female 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife10B. KIND OF BUSINESS OR INDUSTRY
at Home8. DATE OF BIRTH
June 8, 1874

9. AGE (In years last birthday) 79 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)
Baltimore, Maryland12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Teller

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)
No16. SOCIAL SECURITY NO.
None17. INFORMANT ADDRESS
Mrs. Elmer W. Schall 1836 E. 29th Street18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A) Myocardial Insufficiency

DUE TO

(B) Arteriosclerotic Cardio-Vascular Disease

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

3 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) (Minute) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from 1948, 19, to November, 1953, that I last saw the deceased alive on Nov. 20, 1953, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

Nov. 27, 1953

24C. NAME OF CEMETERY OR CREMATORY

Oaklawn Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

H. SANDER & SONS, INC.
Baltimore, Maryland

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53

5-160

10411

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

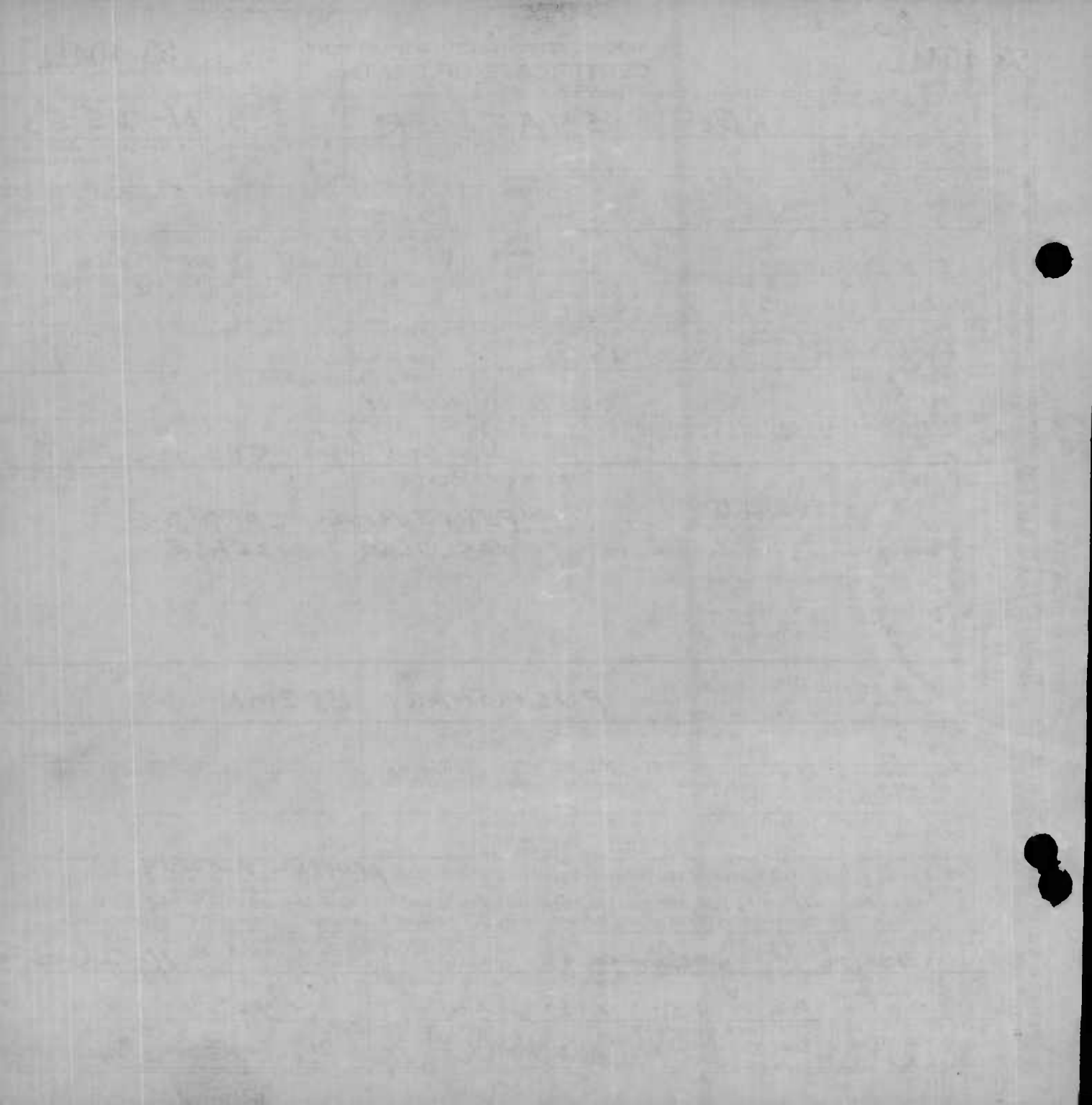
Registered No. 53 10411

53 10411

BIRTH NO.		3. PLACE OF DEATH: A. Baltimore City, Maryland		2. DATE OF DEATH 11-25-53	
1. NAME OF DECEASED (Type or Print) ABE SHAFFER		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland		B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		6. CITY OR TOWN Baltimore		7. AGE (In years last birthday) 37	
8. LENGTH OF STAY IN BALTIMORE 30		9. STREET ADDRESS (If rural, give location) 4219 Roland View Ave		10. BIRTHPLACE (State or foreign country) Canada	
11. SEX Male		12. COLOR OR RACE White		13. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		15. KIND OF BUSINESS OR INDUSTRY Auto Parts		16. DATE OF BIRTH	
17. FATHER'S NAME Harry		18. MOTHER'S MAIDEN NAME Rachel		19. CITIZEN OF WHAT COUNTRY? U.S.-9.	
20. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		21. SOCIAL SECURITY NO.		22. INFORMANT Ruben Shaffer - 5117 Lennedale Ref.	
23. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) 443X		24. CAUSE OF DEATH (A) HYPERTENSIVE CARDIO-VASCULAR DISEASE (B) PULMONARY EDEMA (C)		25. INTERVAL BETWEEN ONSET AND DEATH	
26. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		27. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. PULMONARY EDEMA		28. DATE OF OPERATION	
29. MAJOR FINDINGS OF OPERATION		30. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		31. DATE OF OPERATION	
32. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		33. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		34. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
35. TIME (Month) (Day) (Year) (Hour) OF INJURY		36. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		37. HOW DID INJURY OCCUR?	
38. I certify that I took charge of the remains described above, held an <u>PARTIAL AUTOPSY</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
39. SIGNATURE Joseph A. Jachimczyk		40. CHIEF MEDICAL EXAMINER M.D.		41. DATE SIGNED 11-26-53	
42. DATE OF REMOVAL (Specify) Burial		43. DATE 11-27-1953		44. NAME OF CEMETERY OR CREMATORY Mt Carmel	
45. LOCATION (City, town, or county) Baltimore		46. STATE Md.		47. DATE RECEIVED BY LOCAL REGISTRAR 11-27-1953	
48. REGISTRAR'S SIGNATURE Huntington		49. FUNERAL DIRECTOR Jack Lewis Inc.		50. ADDRESS 2100 Eutaw	

VS 151

4986J



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 10412**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Boleslaw

Wieszczowski

2. DATE OF DEATH **November 24, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RAIL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

527 S. Washington Street

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9. AGE (In years last birthday)

61

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Labore

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Franciszek Wieszczowski

14. MOTHER'S MAIDEN NAME

Maryanna

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT ADDRESS

**Wilmington Delaware
Mrs. Anthony Roisa 201 East Ave.**

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Arteriosclerotic cardiovascular disease**

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from **Autopsy, Inspection or Inquiry** the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death, in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED **Nov. 25, 1953**

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 28-1953

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county) (State)

Wilmington Delaware

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 27 1953

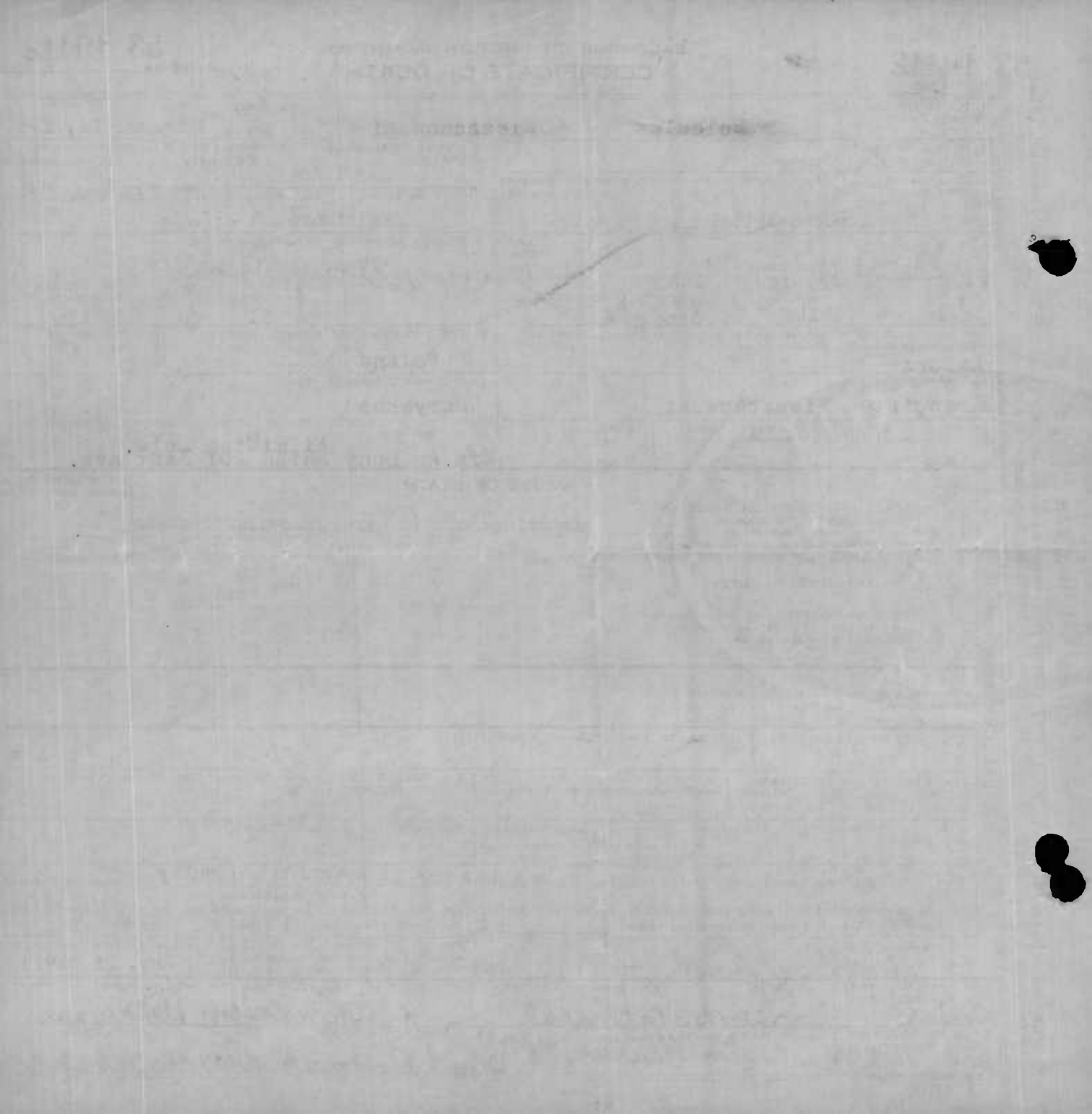
Wilmington Delaware

Wm. S. Fialkowski 2007 Eastern Ave.

V S 151

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97099



13-620
3 10413

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10413
Registered No.

1. NAME OF DECEASED (Type or Print) Harry Beares		2. DATE OF DEATH Nov. 24, 1953	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Md. B. COUNTY Balto.	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 320 S. Pulaski St.		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.	
7. LENGTH OF STAY IN BALTIMORE Life		8. STREET ADDRESS (If rural, give location) 320 S. Pulaski St.	
9. SEX M.	10. COLOR OR RACE W.	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	12. DATE OF BIRTH April 18, 1882
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Pattern Maker		14. AGE (in years last birthday) 71	
15. FATHER'S NAME Beares		15. CITIZEN OF WHAT COUNTRY? U.S.	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		17. SOCIAL SECURITY NO.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis		19. INTERVAL BETWEEN ONSET AND DEATH 24 hrs	
20. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. none		21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
22. DATE OF OPERATION		23. MAJOR FINDINGS OF OPERATION	
24. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
26. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		27. HOW DID INJURY OCCUR?	
28. TIME (Month) (Day) (Year) (Hour) OF INJURY		29. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	
I hereby certify that I attended the deceased from Nov. 24, 1953 , to Nov. 24, 1953 that I last saw the deceased alive on 11/14/53 , and that death occurred at 10:30 a.m. , from the causes and on the date stated above.			
30. SIGNATURE William H. Miller, MD		31. ADDRESS 2030 W. Sparks Ave	
32. DATE SIGNED 11/27/53		33. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery	
34. LOCATION (City, town, or county) Balto. Md.		35. STATE Md.	
36. DATE RECEIVED BY LOCAL REGISTRAR Nov 27 1953		37. REGISTRAR'S SIGNATURE Thurston H. Williams	
38. FUNERAL DIRECTOR Thurston H. Williams		39. ADDRESS 4101 Edmondson Ave.	

57050

SALEHON CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE		4. DATE OF BIRTH		5. PLACE OF BIRTH	
6. OCCUPATION		7. MARITAL STATUS		8. EDUCATION		9. RELIGION		10. RACE	
11. CAUSE OF DEATH		12. PLACE OF DEATH		13. TIME OF DEATH		14. DATE OF DEATH		15. SIGNATURE OF DECEASED	
16. SIGNATURE OF WITNESSES		17. SIGNATURE OF PHYSICIAN		18. SIGNATURE OF CLERK		19. SIGNATURE OF JUDGE		20. SIGNATURE OF SHERIFF	
21. SIGNATURE OF CORONER		22. SIGNATURE OF DISTRICT ATTORNEY		23. SIGNATURE OF COUNTY CLERK		24. SIGNATURE OF CITY CLERK		25. SIGNATURE OF HEALTH DEPARTMENT	

M-600
10414BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10414

BIRTH NO.

NAME OF DECEASED
(Type or Print)

Richard B. Meyer

2. DATE
OF
DEATH

11-25-53

PLACE OF DEATH:

Baltimore City, Maryland Baltimore Md

FULL NAME OF (If not in hospital or institution, give street address or location)

Maryland General Hospital

Length of stay in Baltimore

?

Yrs.
Mos.
Days

SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. USUAL OCCUPATION (Give kind of

work during most of working life, even if retired)

TET. TEACHER

10B. KIND OF BUSINESS OR
INDUSTRY

McDONOUGH School

9. FATHER'S NAME

Barthol Meyer

13. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

Aug. 3 1875

9. AGE (in years
last birthday)

78

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

N. Y.

12. CITIZEN OF
WHAT COUNTRY?

U. S.

14. MOTHER'S MAIDEN NAME

Pauline Becore

17. INFORMANT

ADDRESS

MR. GERALD TOPPER, 501 MUNSEY BLDG.

18. 153X 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cache xia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) malignancy of
bowel (?)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐I hereby certify that I attended the deceased from 8-6, 1953, to 11-25, 1953, that I last saw the
deceased alive on 11-24, 1953, and that death occurred at 4:55 A. M., from the causes and on the date stated above.

23A. SIGNATURE

E. Raffel

M. O.

23B. ADDRESS

M. G. H.

23C. DATE SIGNED

11-25-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

Nov. 27/53

24C. NAME OF CEMETERY OR CREMATORY

LONDON PARK

24D. LOCATION (City, town, or county)

BALTO. MD.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Harry A. Bluzette

ADDRESS

4101 EDMONDSON AVE.

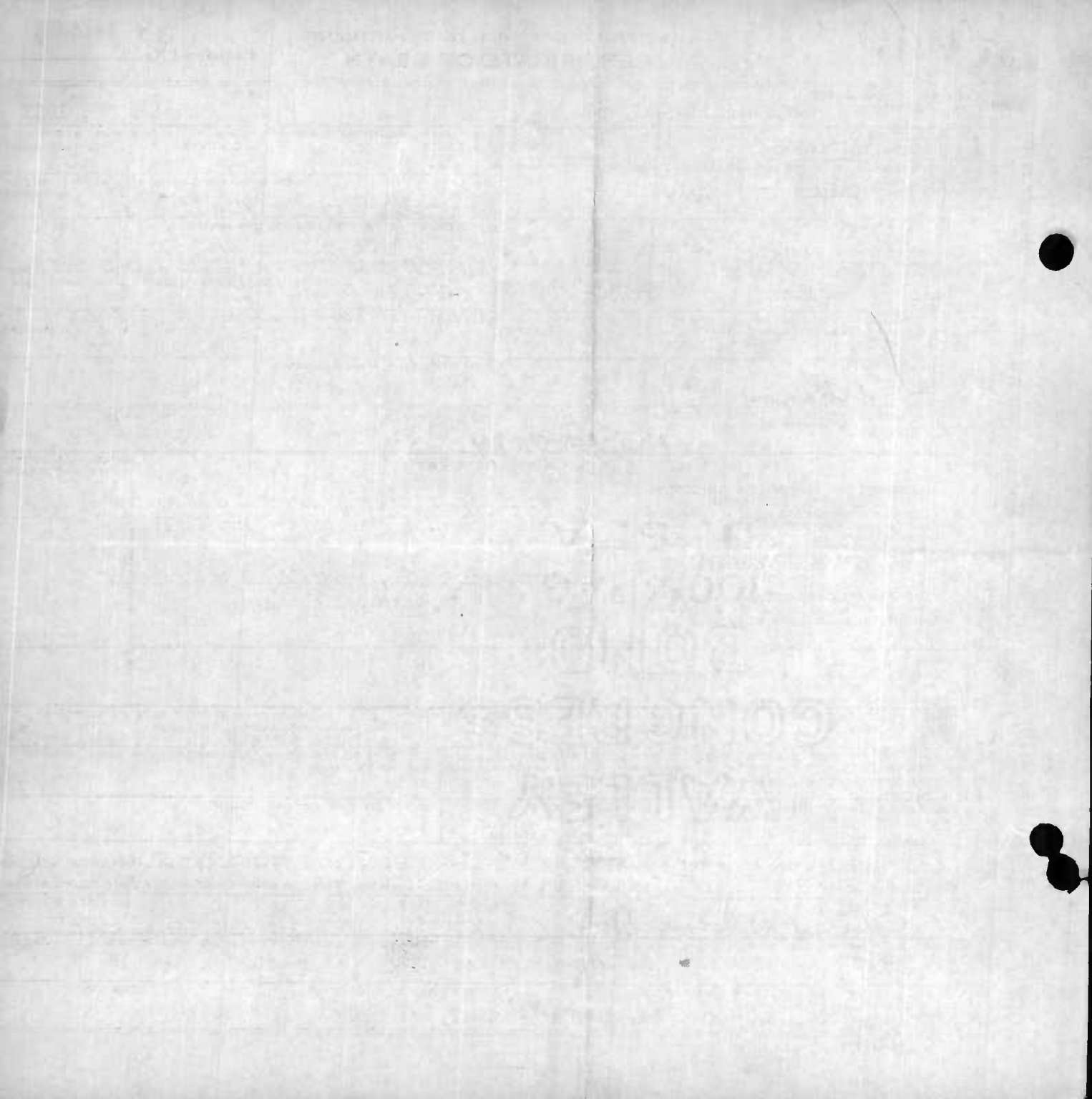
Rose Hill Terr ?

1990

53 10415

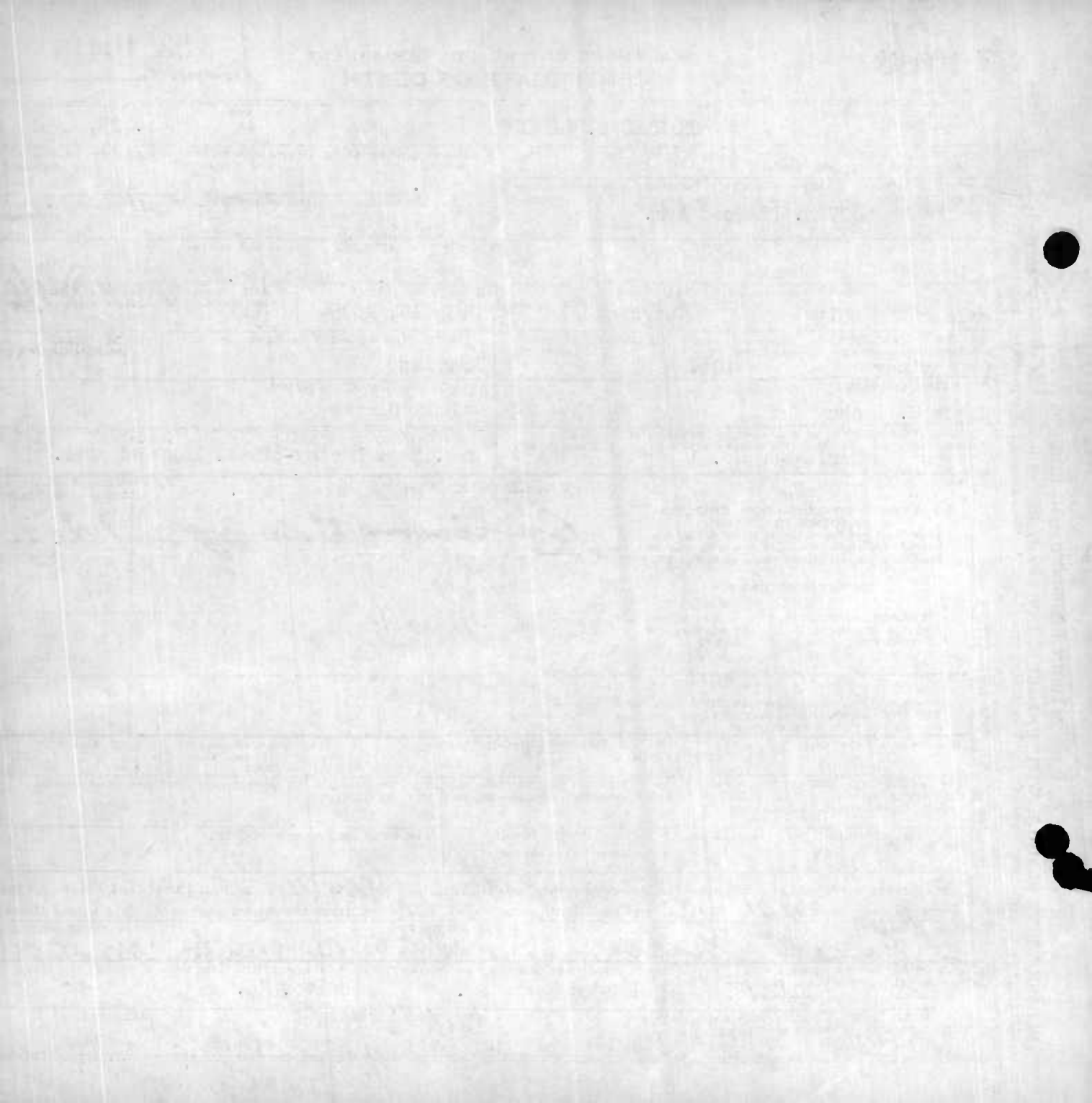
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10415
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Adam William Haffer		2. DATE OF DEATH November 25, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN Baltimore		(If outside corporate limits, write RURAL and give township)	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1902 Griffiss Ave, #30		Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-15-1878	9. AGE (In years last birthday) 75	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Yard Master		10B. KIND OF BUSINESS OR INDUSTRY B. & O R R		11. BIRTHPLACE (State or foreign country) Md.	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Margaret Sauter		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Unknown		16. SOCIAL SECURITY NO. 705-10-9874		17. INFORMANT Wife	
18. 420.1 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial injury without EKG evidence of 2 days (A) Infarction, & with congestive failure (?) DUE TO		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Arteriosclerosis, generalized and coronary with cerebral changes DUE TO					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from November 23, 1953, to November 25, 1953, that I last saw the deceased alive on Nov 25, 1953, and that death occurred at 9:50 A.M., from the causes and on the date stated above.					
23A. SIGNATURE Wynand R. Doornen Jr.		23B. ADDRESS M. D. University Hospital, Baltimore		23C. DATE SIGNED 11-25-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10-28-53		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem	
24D. LOCATION (City, town, or county) (State) Frederick Rd Balto Md		24E. DATE RECEIVED BY LOCAL REGISTRAR		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. DATE RECEIVED BY LOCAL REGISTRAR NOV 27 1953		24H. VS 150		25. FUNERAL DIRECTOR O Edward J. Toulson 2259 Wash Blvd	



4-200
53 10418BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10418
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		CHARLES W. LACKEY		Nov. 25, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.			
B. FULL NAME OF HOSPITAL OR INSTITUTION 829 N. Linwood Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 829 N. Linwood Ave.			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 16, 1895	9. AGE (In years last birthday) 58	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor		10B. KIND OF BUSINESS OR INDUSTRY Oil	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME James W. Lackey		14. MOTHER'S MAIDEN NAME Mary Gieser			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes		16. SOCIAL SECURITY NO. World War No. 1		17. INFORMANT ADDRESS Mrs. Emma Lackey-829 N. Linwood Ave.	
18. 163X		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Carcinoma of Lung		INTERVAL BETWEEN ONSET AND DEATH 9 Mos.	
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb 1953, to Nov 25, 1953, that I last saw the deceased alive on Nov 21, 1953, and that death occurred at 6 A. m., from the causes and on the date stated above.					
23A. SIGNATURE L. Emmett Green		23B. ADDRESS Med Arts Bldg - Balto.		23C. DATE SIGNED Nov 25, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/28/53		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	
24D. LOCATION (City, town, or county) (State) Balto, Md.					
DATE RECEIVED BY LOCAL REGISTRAR NOV 27 1953		REGISTRAR'S SIGNATURE Washington Williams, M.D.		FUNERAL DIRECTOR J. J. Vickers & Sons	
VS 150		29066 Balto. 17, Md.			



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 10419**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CECELIA KAMMER

2. DATE
OF
DEATH

Nov. 25, 1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

756 Carroll St.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

d. STREET ADDRESS (If rural, give location)

756 Carroll St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

Feb. 27, 1862

9. AGE (In years
last birthday)

91

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR
INDUSTRY

At home

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Robert Buchal

14. MOTHER'S MAIDEN NAME

Louise -

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT ADDRESS
Mr. John J. Kammer, Jr. - 4707 Crosswood Ave.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

myocardial degeneration 2 months
Arteriosclerosis 3 years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION
WAS PERFORMED

IF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?
YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)

21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **July 20, 1957**, to **11. 25, 1953**, that I last saw the deceased alive on **11. 23, 1953**, and that death occurred at **11:00 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE

John P. Unlock, Jr.

M. O.

23b. ADDRESS

1227 Washington Blvd

23c. DATE SIGNED

11. 27. 53

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

11/28/53

24c. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24d. LOCATION (City, town, or county)

Balto., Md.

(State)

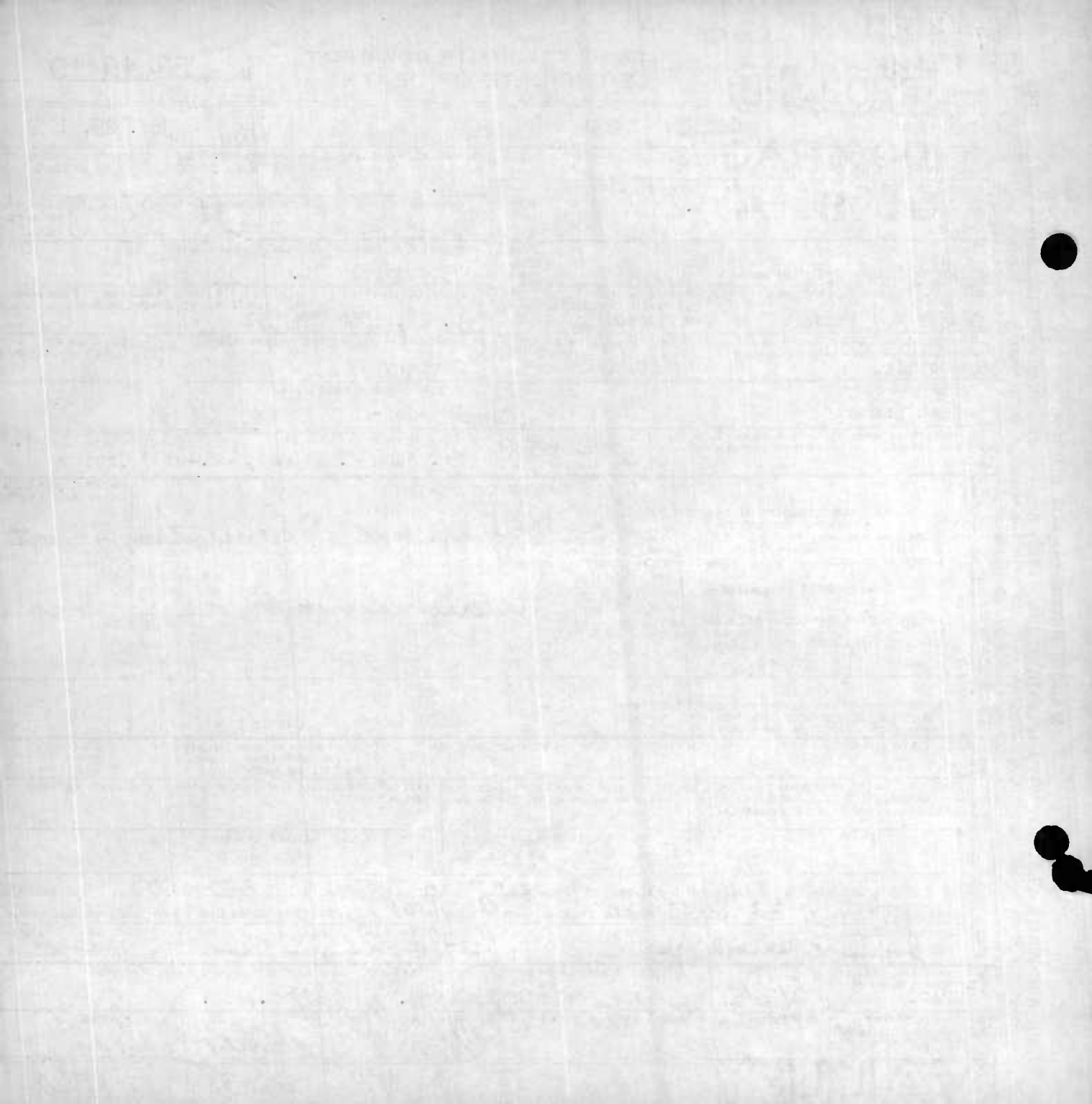
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 27 1953
Wm. J. Pickner & Sons
Balto. 17, Md.



R-000
53 10420

CERTIFICATE CORRECTED

12-7-53

53 10420

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

NAME OF DECEASED
(Type or Print)

STANLEY H. ROY

2. DATE
OF
DEATH

11/24/53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Lutheran Hospital of Md.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

BALTIMORE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

13-06

D. STREET ADDRESS (If rural, give location)

1410 Weldon Place South #11

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Manager

10B. KIND OF BUSINESS OR INDUSTRY

Wingate Motors

8. DATE OF BIRTH

5/13/95

9. AGE (in years last birthday)

58

H Under 1 Year

Months: Days

H Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

3. FATHER'S NAME

Stanley H. Roy

14. MOTHER'S MAIDEN NAME

Mollie E. Lookingland

5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

Unknown

16. SOCIAL SECURITY NO.

211-14-2426

17. INFORMANT

ADDRESS

Mrs. Hilda M. Roy-1410 Weldon Place South

18. 540.1 and 260X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) Renal failure - Uremia
DUE TO(B) Abdominal distention - Shock
DUE TO(C) Congestive heart failureINTERVAL BETWEEN
ONSET AND DEATH

48 hrs

4 days

4 days

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Persistent Gastric Ulcer - Diabetes

6 mos

19A. DATE OF OPERATION

11/18/53

19B. MAJOR FINDINGS OF OPERATION

Persistent Ulcer - Cholecystitis

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from 11/16, 1953, to 11/24, 1953, that I last saw the deceased alive on 11/24, 1953, and that death occurred at 5:30 P. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/28/53

24C. NAME OF CEMETERY OR CREMATORY

Western Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 27 1953

Huntington Wm. O. Brown, J. Dickner & Sons

VS 150

290 65

Balto. 17, Md.

EXHIBIT



V-623
3 10421BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10421

IRTH NO.

NAME OF DECEASED
(Type or Print)

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF

(If not in hospital or institution, give street address or location)

OSPITAL OR

STITUTION

Length of stay in Baltimore

SEX

male

6. COLOR OR RACE

w.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

Clergyman (rtd)

10B. KIND OF BUSINESS OR
INDUSTRY

Church

FATHER'S NAME

Samuel Wright

A. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

2. DATE
OF
DEATH

Nov-26-1953

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3333 N. Charles St.

B. DATE OF BIRTH

Nov. 23, 1865

9. AGE (In years
last birthday)

88

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Sarah (unknown)

17. INFORMANT

Mrs Juliette Wright

ADDRESS

Charles Apt
#600

18. 153X and 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Hypostatic Pneumonia

Obstruction of Sigmoid

Ca of Sigmoid colon

Diabetes

Arteriosclerotic Cardiovascular Disease

19A. DATE OF OPERATION

Nov -17, 1953

19B. MAJOR FINDINGS OF OPERATION

Obstruction of Sigmoid colon

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from Nov. 16, 1953, to Nov 26, 1953, that I last saw the
deceased alive on Nov 25, 1953, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. M. Kim, M.D.

23B. ADDRESS

Charles Apt. #600, Balt. Md.

23C. DATE SIGNED

Nov. 26, 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/28/53

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cen.

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

Nov 27, 1953

REGISTRAR'S SIGNATURE

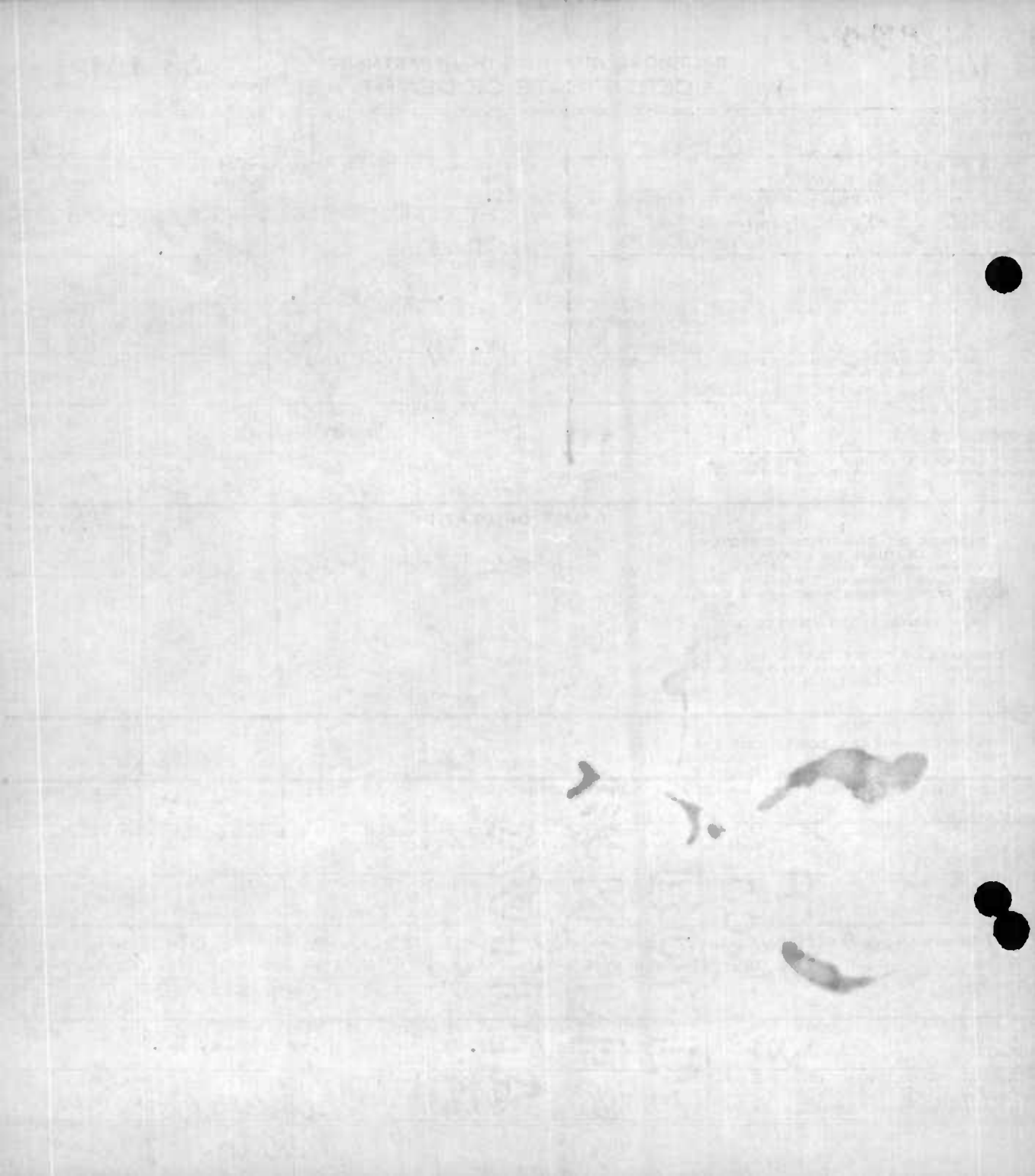
Huntington Williams

25. FUNERAL DIRECTOR

J. P. Lickner & Sons

ADDRESS

Baltimore 17, Md.



M-200
340422BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10422
Registered No.

IRTH NO.

NAME OF DECEASED
(Type or Print)

VINCENT MAGGIO

2. DATE
OF
DEATH

Nov. 25-1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF
(If not in hospital or institution, give street address or
location)

107 S. Fulton Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTO -

D. STREET ADDRESS (If rural, give location)

107 S. Fulton Ave

SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

10-26-1897

9. AGE (In years
last birthday)

56

10. Under 1 Year
Months: Days: Hours: Min.A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

BARBER

10B. KIND OF BUSINESS OR
INDUSTRY

BARBER

11. BIRTHPLACE (State or foreign country)

BALTO - MD

12. CITIZEN OF
WHAT COUNTRY?

FATHER'S NAME

MAGGIO

14. MOTHER'S MAIDEN NAME

GUERCIO

C. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

216-09-2581

17. INFORMANT

ADDRESS

CHARLES MAGGIO - 107 S. Fulton

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cerebral Hemorrhage 11/25-53
Arterial Sclerosis
Hypertension

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from 11/23, 1953, to 11/25, 1953, that I last saw the
deceased alive on 11/25, 1953 and that death occurred at 4:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Charles W. Kahn

23B. ADDRESS

M. D.

2145 W. Baltimore St 11/26-53

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

Nov. 28/53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral CEM

24D. LOCATION (City, town, or county) (State)

4300 Old Indian Rd. Balto Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

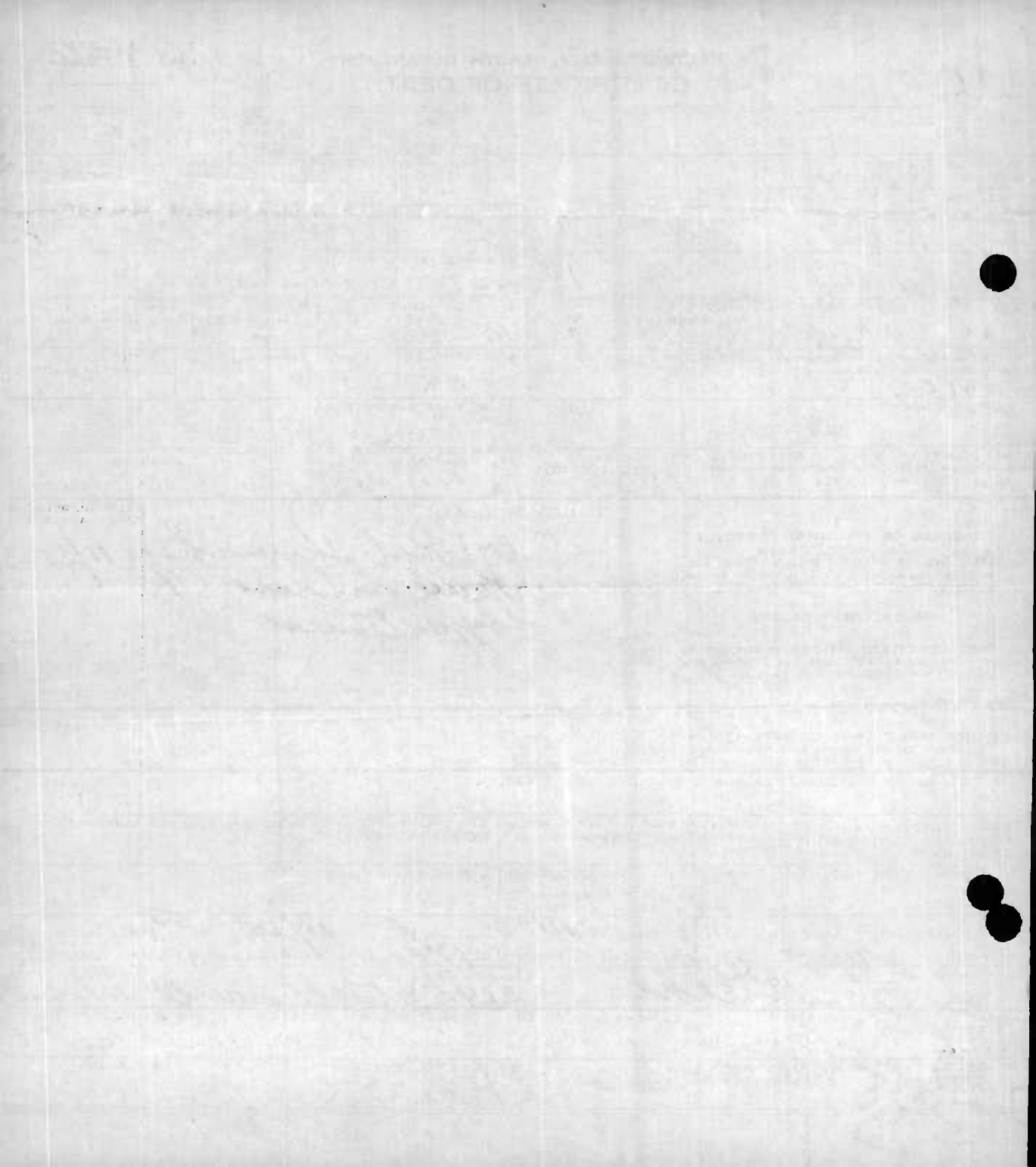
Huntington St. Baltimore, Md

25. FUNERAL DIRECTOR

THOMAS J. KENNY INC

ADDRESS

7406 F 1600 Hollins St



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10423

BIRTH NO. 53-11514

1. NAME OF DECEASED
(Type or Print)

Linda Cook

2. DATE
OF
DEATH

11-24-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland President Hosp.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION President Hospital4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto Md.D. STREET ADDRESS (If rural, give location)
503 N Carrollton Ave

c. Length of stay in Baltimore

6

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

baby

8. DATE OF BIRTH

5-23-53

9. AGE (In years
last birthday)

6 mos

H Under 1 Year
Months: DaysH Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

INFANT

10B. KIND OF BUSINESS OR
INDUSTRY11. BIRTHPLACE (State or foreign country)
Balto Md.12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Al Perry Cook

14. MOTHER'S MAIDEN NAME

Marian Wallace

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL
SECURITY NO.
NONE

17. INFORMANT

ADDRESS

HELEN WALLACE (GM) 503 CARROLLTON AV.

18.

491X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Dehydration

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) President Meningitis

(C) Bronchopneumonia

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-23-1953, to 11-24-1953, that I last saw the
deceased alive on 11-24-1953, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Ignacio F. Garcia

M. D.

23B. ADDRESS

President Hospital

23C. DATE SIGNED

11-25-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

11/27/53

24C. NAME OF CEMETERY OR CREMATORY

ARBUTUS MEM'L. PK.

24D. LOCATION (City, town, or county)

BALTO. COUNTY, MD.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

CHAS. G. COOPER-512 CARROLLTON AV.

ADDRESS

NOV 27 1953

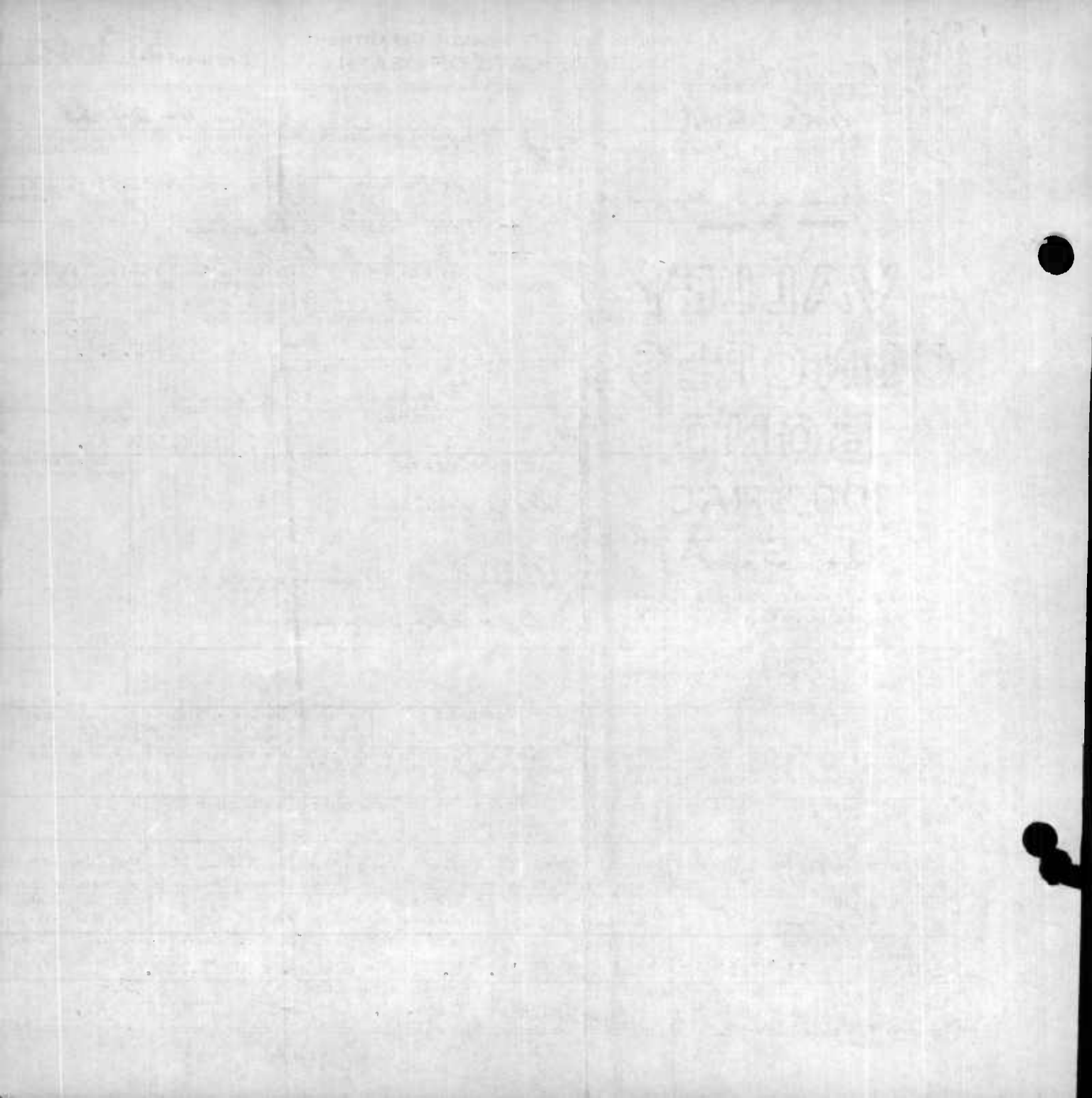
VS 150

0 4 2

Chas. G. Cooper

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



C-540

3 10424

BALTIMORE CITY HEALTH DEPARTMENT

53 10424

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)John MICHAEL
JOHN CHAMIEL JR.2. DATE
OF
DEATH

Nov. 27, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Church Home + Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Church Home + Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

C. Length of stay in Baltimore

39 Yrs.
5 Mos.
27 Days

D. STREET ADDRESS (If rural, give location)

605 S. Union Ave.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Male

White

Divorced

June 25 - 1914

39

4

28

2

3

Stockkeeper

Employee

Maryland

U. S. A.

John Chamuel

Angelo Paul

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

No

Mr. Joe Chamuel - 7704 E. 11th Ave.

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(A)

Pulmonary Tuberculosis

17 Yrs.

(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

DUE TO

Pulmonary Embolism

ANTECEDENT CAUSES

(B)

Pulmonary Embolism

10 Min?

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

Acute Heart Failure

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Acute heart attack

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Nov. 17 - 1953

Tuberculosis left lung

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT ☐NOT WHILE ☐

I hereby certify that I attended the deceased from Nov. 17, 1953, to Nov. 27, 1953, that I last saw the deceased alive on Nov. 26, 1953, and that death occurred at 2:03 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Pedro S. de Boya

M. D. Church Home + Hospital

Nov. 27 - 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Nov 30 1953

Holy Rosary Cem.

Balto. County

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

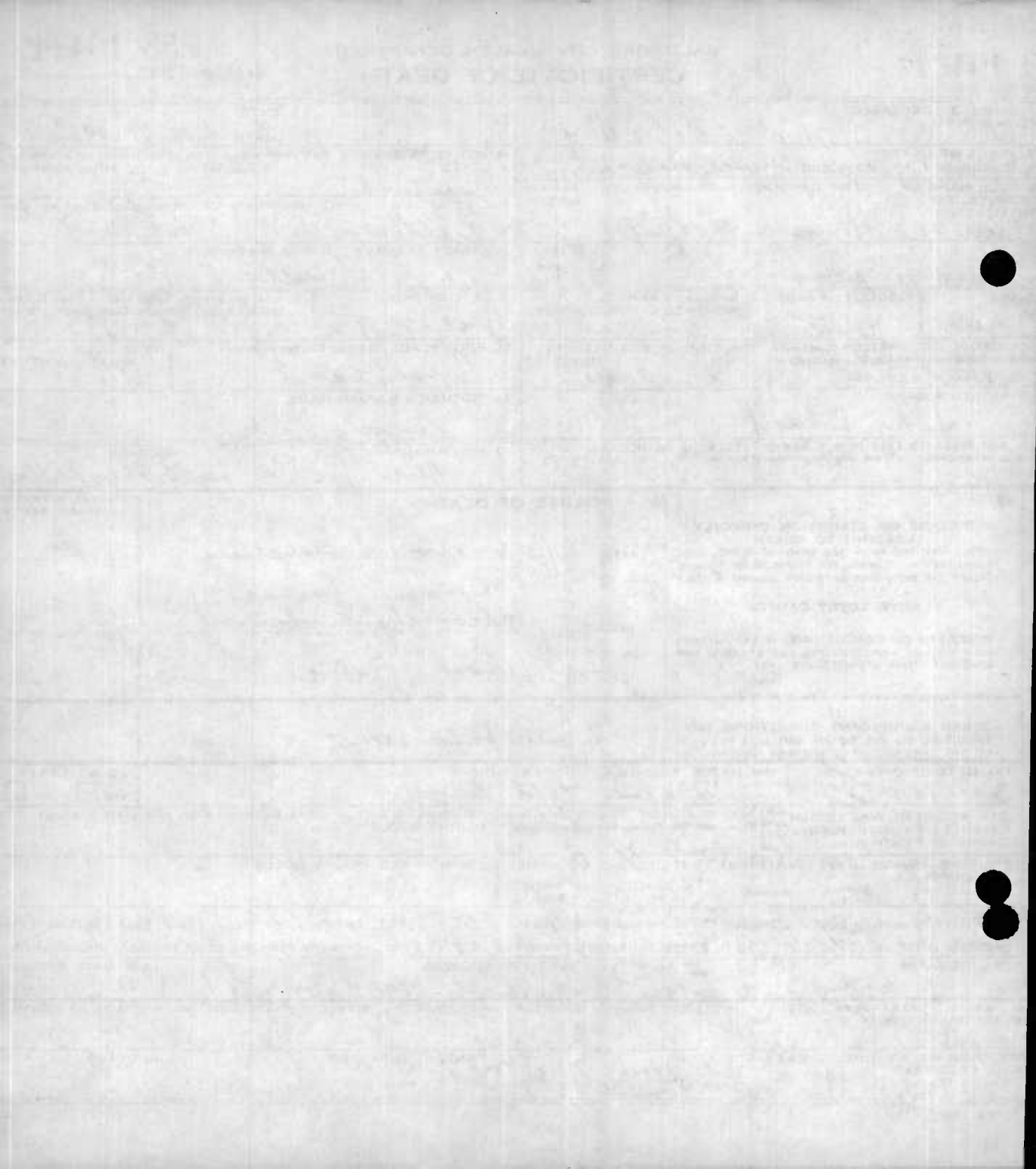
ADDRESS

NOV 27 1953

Huntington Williams, M.D. 401 S. Chestnut St

VS 150

2906A



1-162
10425

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10425
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Stanislaw Gebrowski

2. DATE
OF
DEATH

Nov. 25 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

322 S. Wolfe Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
322 S. Wolfe Street

C. Length of stay in Baltimore

48

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan 6 1889

9. AGE (In years last birthday)

65

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Labors on Farm

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

Poland

13. FATHER'S NAME

Jahn Gebrowski

14. MOTHER'S MAIDEN NAME

Konstantyna Madzulewska

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Stanislaw Ludanski 322 S. Wolfe

18. 148X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

PULMONARY EDEMA

INTERVAL BETWEEN ONSET AND DEATH

11/25/53

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

LYMPHO-EPITHELIOMA OF

DU TO

PHARYNX AND RIGHT SIDE OF NECK

4/6/53

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

April 1953

19B. MAJOR FINDINGS OF OPERATION

BIOPSY - LYMPHO-EPITHELIOMA

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

A

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from April 6, 1953, to Nov. 25, 1953, that I last saw the aged alive on Nov. 25, 1953, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE

Joseph F. Koenigs

23B. ADDRESS

209 S. Water St.

23C. DATE SIGNED

11/26/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov 25/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Rosary Cem

24D. LOCATION (City, town, or county)

Balt. County

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurmond

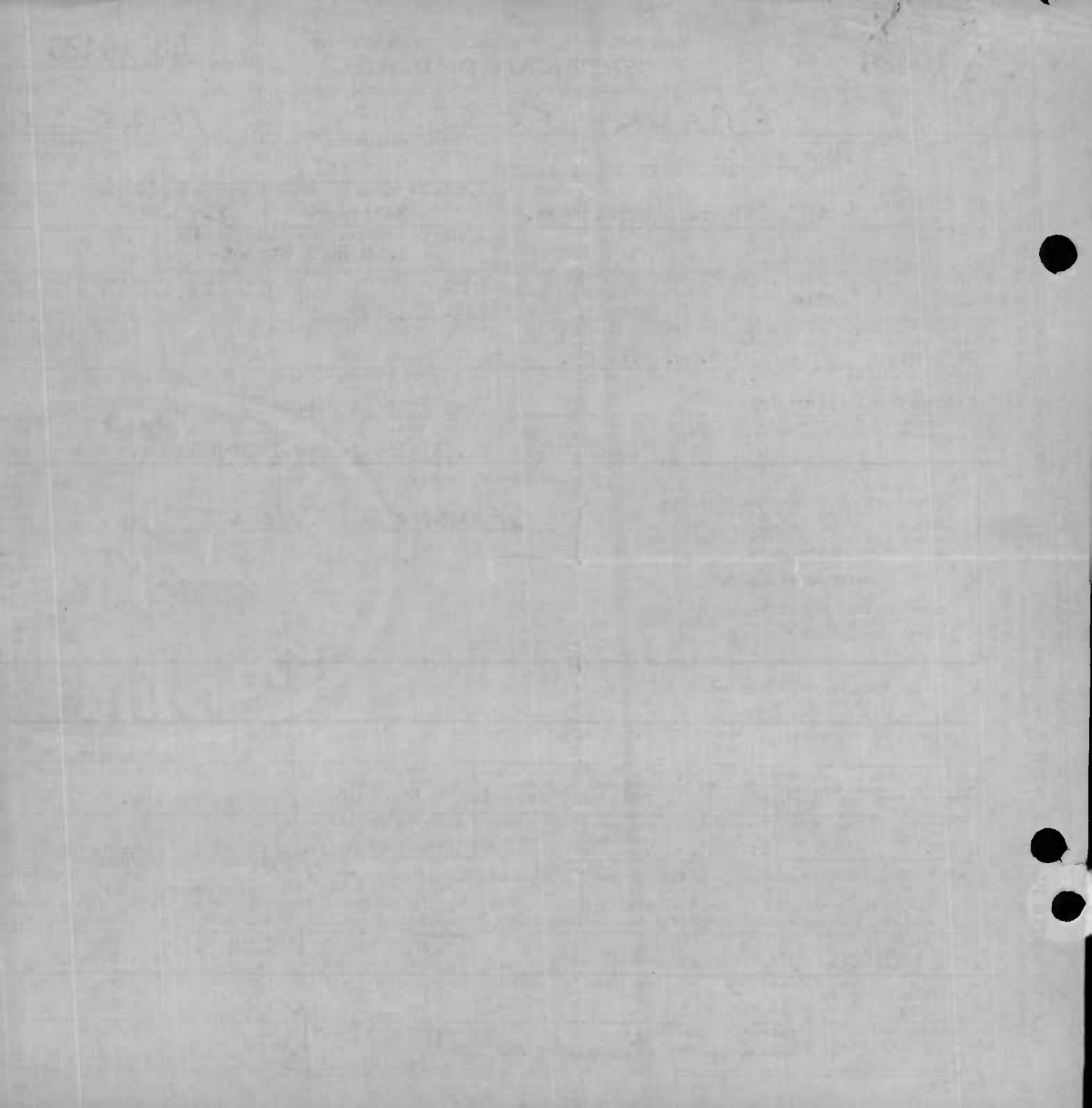
25. FUNERAL DIRECTOR

John A. G. 401 S. Chester

D4 Daunga

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 10426**

BIRTH NO. 53 10426		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 10426	
1. NAME OF DECEASED (Type or Print) FRANK JESSUP			2. DATE OF DEATH 11-25-53		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hosp.			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 1208 Hull Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 12, 1905		9. AGE (in years last birthday) 48
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY B. O. R.R. Co.		11. BIRTHPLACE (State or foreign country) Baltimore	
13. FATHER'S NAME Alexander Walter Jessup			14. MOTHER'S MAIDEN NAME Emma Jane Jennings		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or duties of service)		16. SOCIAL SECURITY NO. 710-09-7590		17. INFORMANT ADDRESS Mr. Alvina-Jessup-1208 Hull St.	
18. E 810.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH CRUSHED CHEST (A) DUE TO			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES (B) DUE TO					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) railroad crossing		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 5600 block Pennington Ave.	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Nov. 25, 1953 6:45 P.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Truck & train collision (Passenger in truck)	
22. I certify that I took charge of the remains described above, held an AUTOPSY thereof and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23a. SIGNATURE Joseph A. Jachimczyk		23b. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23c. DATE SIGNED 11-26-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 30/53		24c. NAME OF CEMETERY OR CREMATORY Landan Park Cem. Baltor. City	
DATE RECEIVED BY LOCAL REGISTRAR NOV 21 1953		REGISTRAR'S SIGNATURE Thurston H. Williams		25. FUNERAL DIRECTOR John M. Weber ADDRESS 401 S. 4th St.	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 10427

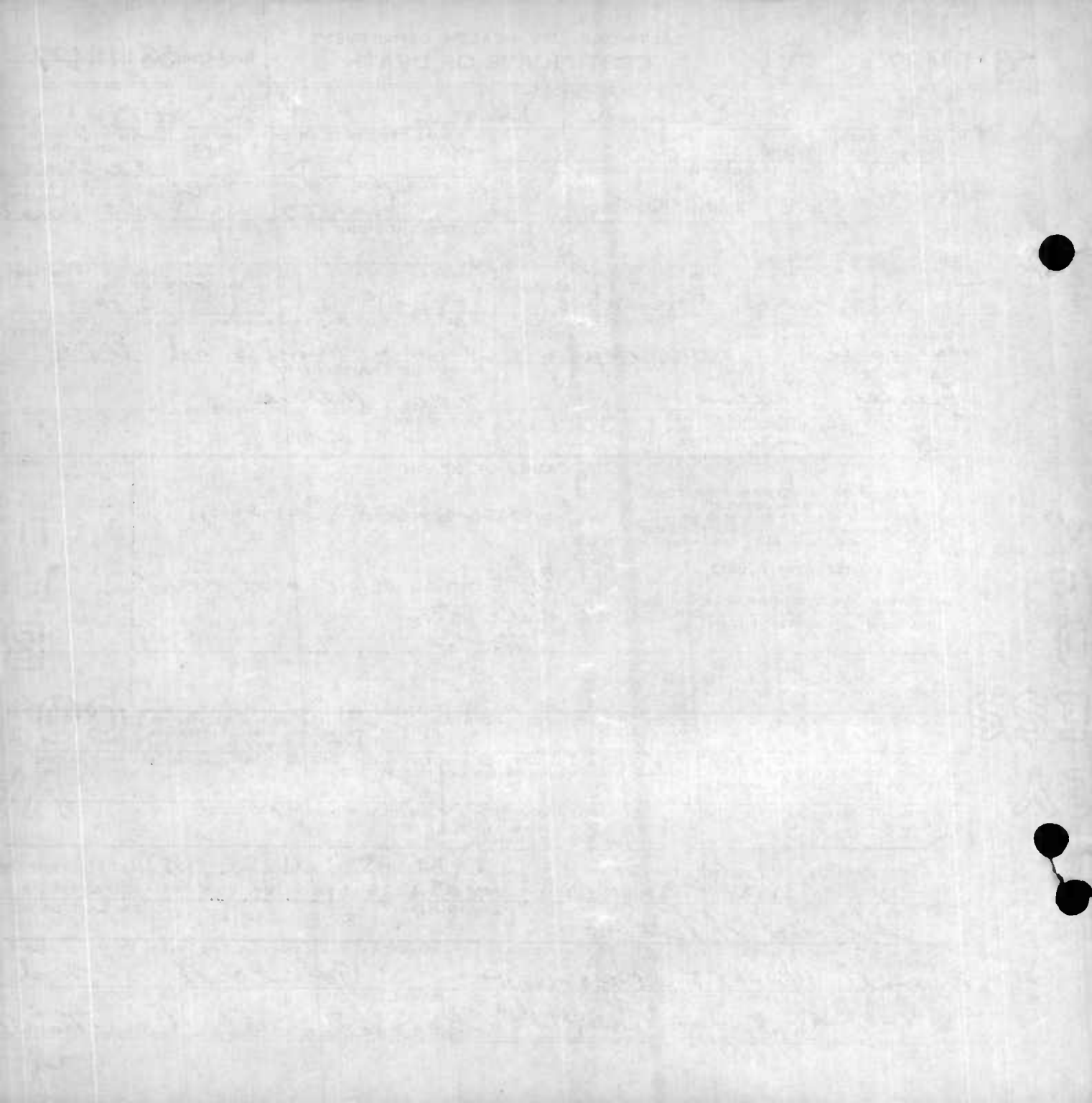
A-520
10427
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Eleanor A. Ames</i>			2. DATE OF DEATH <i>Nov. 26, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>A 2</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>Harford</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Forest Hill Rural</i>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>62-00</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>1-12-1902</i>		9. AGE (in years last birthday) <i>51</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Housekeeping</i>	11. BIRTHPLACE (State or foreign country) <i>Sharon - Harford Co Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>U S A</i>
13. FATHER'S NAME <i>Charles Greene</i>			14. MOTHER'S MAIDEN NAME <i>Ida Harris</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		

18. <i>171 x 1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of Cervix.</i>		INTERVAL BETWEEN ONSET AND DEATH <i>7 days</i>
DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Uterine due to obstruction fistula Stroke</i>		
DUE TO		
(C) <i>Stroke</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>11/26/53</i>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11/23, 1953</i> to <i>11/26, 1953</i> that I last saw the deceased alive on <i>11/26, 1953</i> and that death occurred at <i>9:20 p.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Harold M. Baker</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>11/30/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Fairview</i>	24D. LOCATION (City, town, or county) (State) <i>Forest Hill Md</i>
DATE RECEIVED BY REGISTRAR'S SIGNATURE <i>NOV 27 1953</i>		25. FUNERAL DIRECTOR ADDRESS <i>Charles E. Kurtz Garrettville Md</i>	



F-160
10428BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10428

IRTH NO.

NAME OF DECEASED
(Type or Print)

Madelaine

CONSTANCE FABER

2. DATE
OF
DEATH

Nov. 25 53

PLACE OF DEATH:

Baltimore City, Maryland

Baltimore, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

Bethel Hospital of Maryland, Inc.

Yrs.
Mos.
Days

Length of stay in Baltimore

SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S.

8. USUAL OCCUPATION (Give kind of
done during most of worklog life, even if retired)

Student

10B. KIND OF BUSINESS OR
INDUSTRY

FATHER'S NAME

F.

CHARLES FABER

9. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Charles Faber - Father 8805 Fearn Ave 14

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Shock - due to ventricular tachy-
cardia

1 1/2 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Rheumatic heart disease chronic
(C) possible acute Rheumatic myocarditis
Atrium fibrillation

5 yrs

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from Oct. 30, 1953, to Nov. 25, 1953, that I last saw the
deceased alive on Nov. 25, 1953, and that death occurred at 8:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Teng-Hsiao Chang M.O.

23B. ADDRESS

Bethel Hospital

23C. DATE SIGNED

Nov. 25 53

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

24B. DATE

11-28-53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

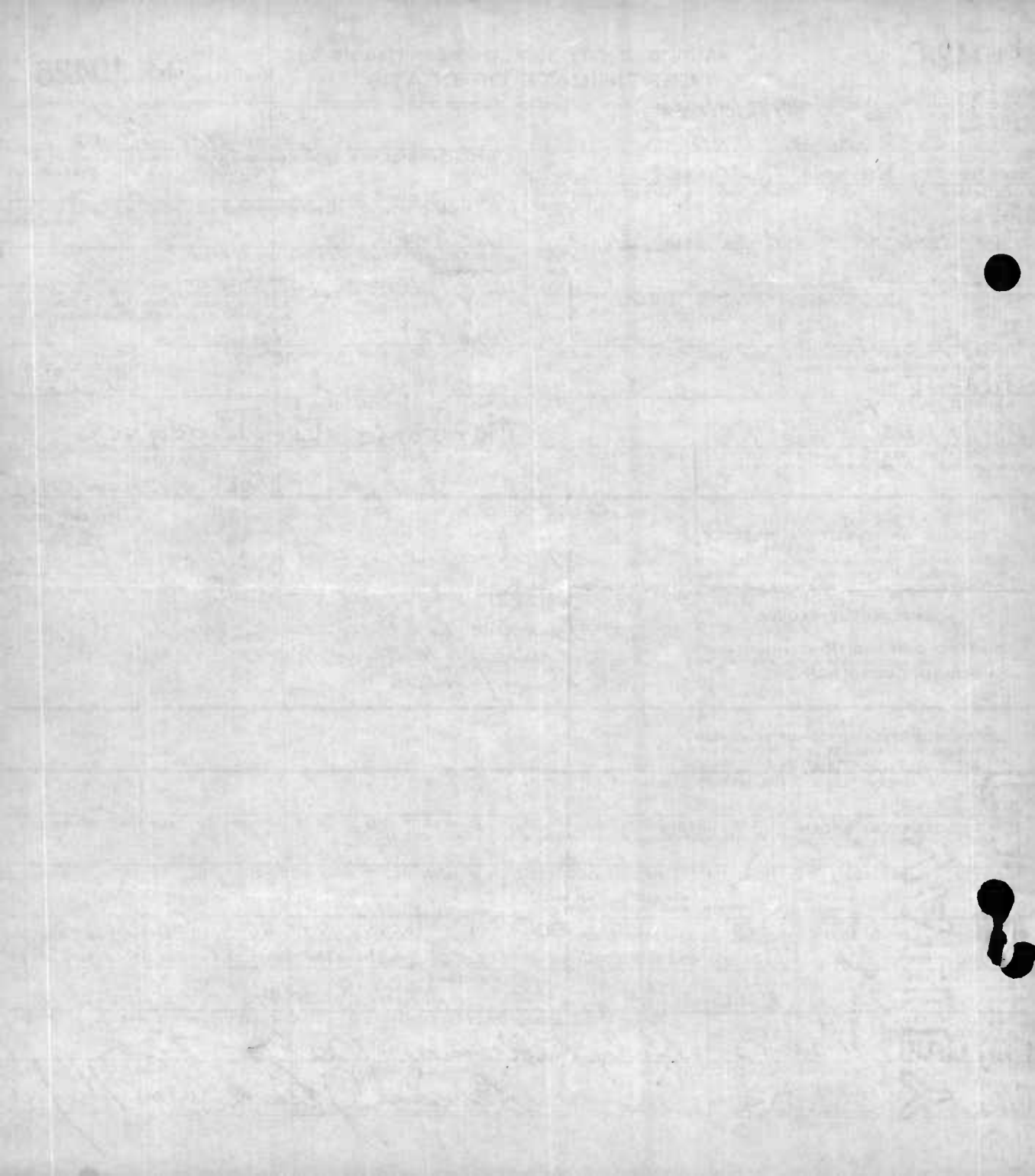
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Leonard Luck 5305 Hanford



0-540
10429
RTH NO. 53-23493

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 53 10429

NAME OF DECEASED (Type or Print) Mary Kathleen Connelly		2. DATE OF DEATH 25 Nov '53	
PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md COUNTY Baltimore Co.	
FULL NAME OF (If not in hospital or institution, give street address or location) Lutheran Hospital of Md.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 3008 Third Ave. #14		8. DATE OF BIRTH 23 Sept 53	
SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	9. AGE (In years last birthday) 22
10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired) child		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Md
FATHER'S NAME Joseph Patrick Connelly		14. MOTHER'S MAIDEN NAME Mary E. Sellman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Father
		ADDRESS SAME	

18. 057.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Meningococcemia		INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
CAUSE OF DEATH (A) Meningococcemia DUE TO		
(B) _____ DUE TO		
(C) _____ DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 25 Nov 1953 to 25 Nov 1953 that I last saw the deceased alive on 25 Nov 1953 and that death occurred at 2:02 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Richard E. Beck		23B. ADDRESS Lutheran Hospital		23C. DATE SIGNED 25 Nov 53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-27-1953		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cem	
24D. LOCATION (City, town, or county) (State) BALTO Md.		24E. FUNERAL DIRECTOR Leonard J. Ruck			
24F. ADDRESS 5305 Hayford Rd					

5-163
10430BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10430

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ISAAC

SEIFERT

2. DATE
OF DEATH Nov. 27, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Lutheran Hospital

C. Length of stay in Baltimore

Yrs. 50
Mos.
Days

5. SEX Male 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY Retired Dressmaker

13. FATHER'S NAME Morris

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Murray Seifert

ADDRESS

18. 470.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(A) Coronary artery sclerosis

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Cardiac cirrhosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Joseph A. Jackson

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐ ASSISTANT MEDICAL EXAMINER.....☒ MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED Nov. 27, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE 11-29-53

24C. NAME OF CEMETERY OR CREMATORY King Solomon

24D. LOCATION (City, town, or county) Clifton, N.J.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

K-400
10431BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10431

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Dennis W. Kealey</i>		2. DATE OF DEATH <i>Nov. 23 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto. Md.</i>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) B. COUNTY <i>W.D.</i>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>1430 E. Monument St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>1430 E. Monument St.</i>	
SEX <i>Male</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Jan. 21 1869</i>
9. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Other (Machinery)</i>		10. KIND OF BUSINESS OR INDUSTRY <i>G. H. Hoop</i>	9. AGE (In years last birthday) <i>84</i>
11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S. P.</i>	
13. FATHER'S NAME <i>Unknown</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>None</i>		16. SOCIAL SECURITY NO. <i>—</i>	
17. INFORMANT <i>Etta Williams</i>		ADDRESS <i>1430 E. Monument St.</i>	

18. <i>443X</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Pulmonary edema</i>		<i>1 day</i>	
DUE TO					
ANTECEDENT CAUSES		(B) <i>Chronic Nephritis (Uremia)</i>		<i>16 mo</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
		(C) <i>Hypertensive Cardio Vascular Disease</i>		<i>16 mo</i>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<i>Emphysema of chest, Moderate secondary anemia</i>			
19A. DATE OF OPERATION <i>—</i>		19B. MAJOR FINDINGS OF OPERATION <i>—</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>—</i>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>—</i>	
22. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>—</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <i>—</i>	
I hereby certify that I attended the deceased from <i>July</i> , 1952, to <i>Nov 23</i> , 1953 that I last saw the deceased alive on <i>Nov 22</i> , 1953, and that death occurred at <i>5 PM</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Ralph J. Young</i>		23B. ADDRESS <i>1532 E. Monument St.</i>		23C. DATE SIGNED <i>11/24/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11-27-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>W. H. Calver</i>	
24D. LOCATION (City, town, or county) <i>A. A. Co. Md.</i>		24E. NAME OF REGISTRAR <i>Huntington Williams</i>		24F. NAME OF FUNERAL DIRECTOR <i>W. H. Calver</i>	
24G. ADDRESS OF REGISTRAR <i>1532 E. Monument St.</i>		24H. ADDRESS OF FUNERAL DIRECTOR <i>1216 E. Calver St.</i>			

1912

STATE OF NEW YORK
COUNTY OF ALBANY

Jan 10 1912

Remainder of
the

estate of
the

John (son of John)
died 1888 at
New York

John (son of John)
died 1888 at
New York

CAUSE OF DEATH

CHARGE OF DEATH

CHARGE OF DEATH

CHARGE OF DEATH

CHARGE OF DEATH

CHARGE OF DEATH

10

John (son of John)
died 1888 at
New York

K-400
53 10432BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10432
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANCIS P. KELLY

2. DATE
OF
DEATH

11-24-53

3. PLACE OF DEATH:

Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)

1438 WINSTON RD

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

MD

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, give RURAL and give township)

BALTO.

27-09

D. STREET ADDRESS (If rural, give location)

1438 WINSTON RD

Length of stay in Baltimore

5. SEX
MALE
6. COLOR OR RACE
WHITE
7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
MARRIED

8. DATE OF BIRTH

1877

9. AGE (In years
last birthday)

76

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

STEWART

10B. KIND OF BUSINESS OR INDUSTRY

LOAD BALTO. HOTEL

11. BIRTHPLACE (State or foreign country)

BALTO. MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

JAS. KELLY

14. MOTHER'S MAIDEN NAME

CATHERINE BRODERICK

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

MRS. LORETTA NIX - 1438 WINSTON RD

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Arteriosclerotic Cardio

DUE TO

Vascular Disease

INTERVAL BETWEEN ONSET AND DEATH

1 yr

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

11
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

I hereby certify that I attended the deceased from 10-9, 1953, to 11-24, 1953, that I last saw the deceased alive on 11-24, 1953, and that death occurred at 5:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1102 E. Chas St.

11-25-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 27 1953

VS 150

2. Photographs

Dr. Flynn

8-630

3 10433

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10433

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Gayhardt, Dorothy M.

2. DATE

OF

DEATH November 26, 1953

3. PLACE OF DEATH:

Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

St. Joseph's

Yrs.
Mos.
Days

6. Length of stay in Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1635 N. Bradford St.

7. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months Days Hours Min.

F.

W.

Mar 4th 1907

46 yrs

10. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

Hwfe.

10B. KIND OF BUSINESS OR
INDUSTRY

Own home

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Friedrich From

14. MOTHER'S MAIDEN NAME

Anna Cunningham

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Raymond Gayhardt 1635 N. Bradford St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A) Congestive heart failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Rheumatic cardiovascular disease,
active

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from November 17, 1953 to November 26, 1953, that I last saw the
deceased alive on Nov. 26, 1953, and that death occurred at 6:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1400 N. Caroline Street

Nov. 26, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

25. REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burial Nov 30th 1953 Holy Cross Ritchie Highway
Nov 27 1953 Huntington-Walden, Md. Leo B. Cook 1701-03 N. Patterson Park
ave

W-420
1513 MILTON
3010434

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10434

1. NAME OF DECEASED (Type or Print) <u>John W Walz</u>		2. DATE OF DEATH <u>Nov 25th 1953</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>1519 N. Milton Ave</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md</u> B. COUNTY <u>Balto</u>	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <u>John W Walz</u>		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto</u>	
7. LENGTH OF STAY IN BALTIMORE <u>Life</u>		8. STREET ADDRESS (If rural, give location) <u>2009 E Federal St</u>	
9. SEX <u>Male</u>	10. COLOR OR RACE <u>White</u>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	12. DATE OF BIRTH <u>Mar 5th 1897</u>
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Police</u>		14. AGE (In years last birthday) <u>56</u>	
15. FATHER'S NAME <u>John W Walz</u>		16. MOTHER'S MAIDEN NAME <u>Annie Hugel</u>	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		18. SOCIAL SECURITY NO. <u>1513 N Milton Ave</u>	
19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Pulmonary fibrosis</u>		20. INTERVAL BETWEEN ONSET AND DEATH <u>app 3 yrs</u>	
21. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>None</u>		22. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>None</u>	
23. DATE OF OPERATION <u>0</u>		24. MAJOR FINDINGS OF OPERATION	
25. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		26. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	
27. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		28. HOW DID INJURY OCCUR?	
29. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>None</u>		30. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
31. I hereby certify that I attended the deceased from <u>70</u> <u>Nov</u> , 19 <u>50</u> , to <u>45</u> <u>Nov</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>45</u> <u>Nov</u> , 19 <u>50</u> , and that death occurred at <u>3 P</u> m., from the causes and on the date stated above.			
32. SIGNATURE <u>John W Walz</u>		33. ADDRESS <u>1513 N Milton Ave</u>	
34. DATE <u>Nov 30th 1953</u>		35. DATE SIGNED <u>17 Nov 53</u>	
36. NAME OF CEMETERY OR CREMATORY <u>Balto</u>		37. LOCATION (City, town, or county) (State) <u>E North Ave Ext</u>	
38. RECEIVED BY LOCAL REGISTRAR <u>195300</u>		39. REGISTRAR'S SIGNATURE <u>Heath</u>	
40. FUNERAL DIRECTOR <u>Heath</u>		41. ADDRESS <u>1701-03 N. Patterson Park</u>	

not in the file 11/30/53

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10435
Registered No.

IRTH NO.

NAME OF DECEASED
(Type or Print)

PLACE OF DEATH:

FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

2. DATE OF DEATH

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday) If Under 1 Year Months Days If Under 24 Hours Hours Min.

10. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

(over)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21G. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

I hereby certify that I attended the deceased from Oct. 29, 1953 to Nov. 20, 1953 that I last saw the deceased alive on Nov. 19, 1953, and that death occurred at 12:00 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Dr. Silverman, Director of the Bureau of Tbc has
fully investigated this case. Tuberculosis ruled out.
Definitely heart death. 11/30/53 ES

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Mary K. Kline

2. DATE
OF
DEATH November 25, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3324 W. Belvedere Avenue

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3324 W. Belvedere Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Oct. 1869

9. AGE (In years,
last birthday)

84

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Carroll County, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Schaeffer

14. MOTHER'S MAIDEN NAME

--

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

William A. Kline, 3324 W. Belvedere Avenue

18.

420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/25/53, 19__, to 11/25/53, 19__, that I last saw the
deceased alive on __, 19__, and that death occurred at 10:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

11/28/53

24C. NAME OF CEMETERY OR CREMATORY

Western Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore,

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

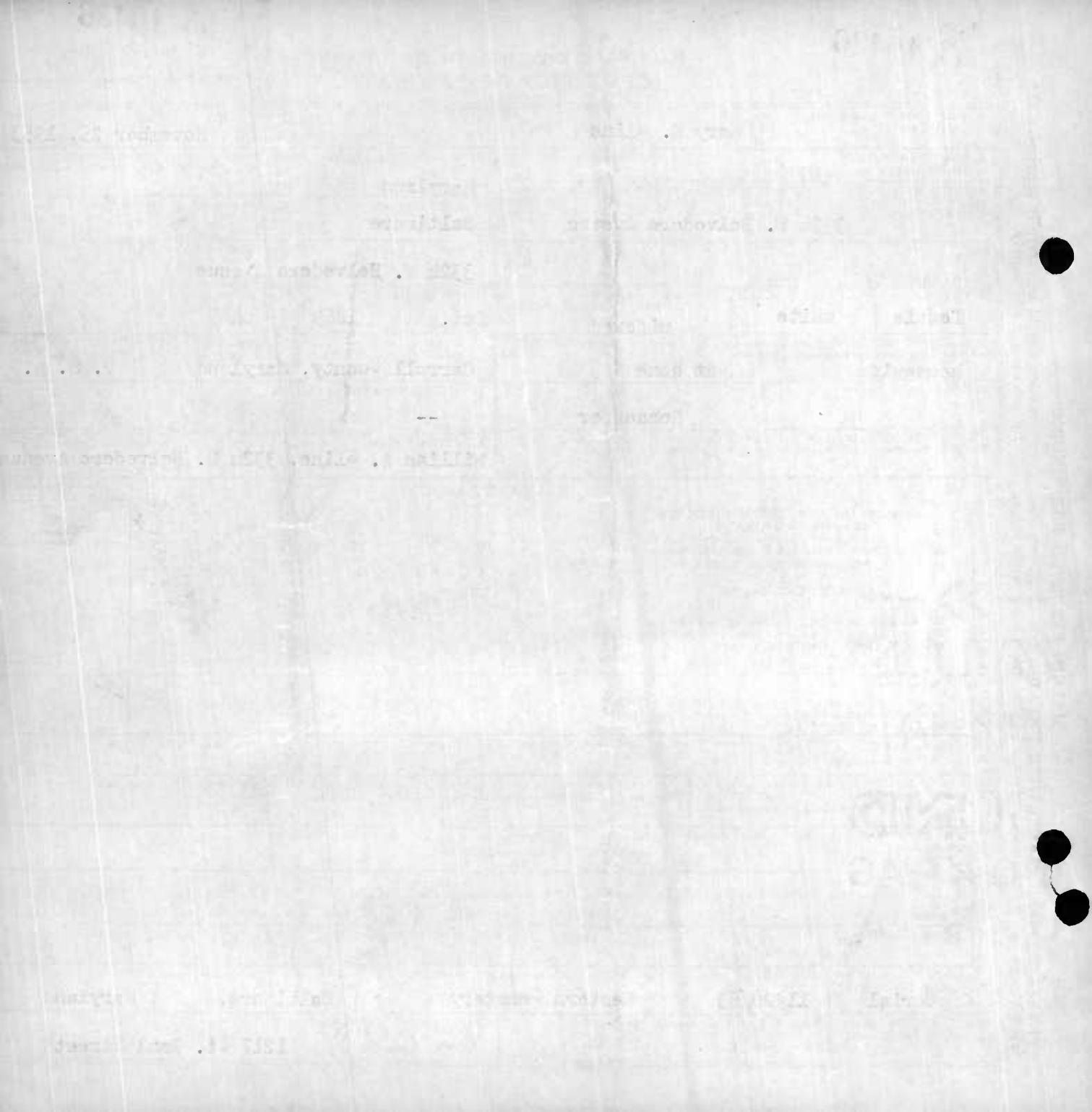
ADDRESS

11/28/53

H. J. Williams, M.D.

Wm. Cook, Inc.

1217 St. Paul Street



MAF-176817

W-256

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

58 10437

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Henry P. Wagner

2. DATE
OF
DEATH Nov. 19, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals

4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1834 W. Pratt St.

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Wh

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Wid.

8. DATE OF BIRTH

Mar. 17, 1878

9. AGE (In years
last birthday)

75

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Huckster - Ret.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

(D)

14. MOTHER'S MAIDEN NAME

(D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. 4940 Eastern Ave. (records)

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

M yocardial Infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

(B) Embolus Left Femoral Artery

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11-18-1953

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMED

Embolectomy

IF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

D.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-18, 1953, to 11-19, 1953, that I last saw the
deceased alive on 11-19, 1953, and that death occurred at 4:50 a. m., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Jones, M.D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

11-19-1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

11/28/53

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cemetery

24D. LOCATION (City, town, or county) (State)

Anne Arundel County, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

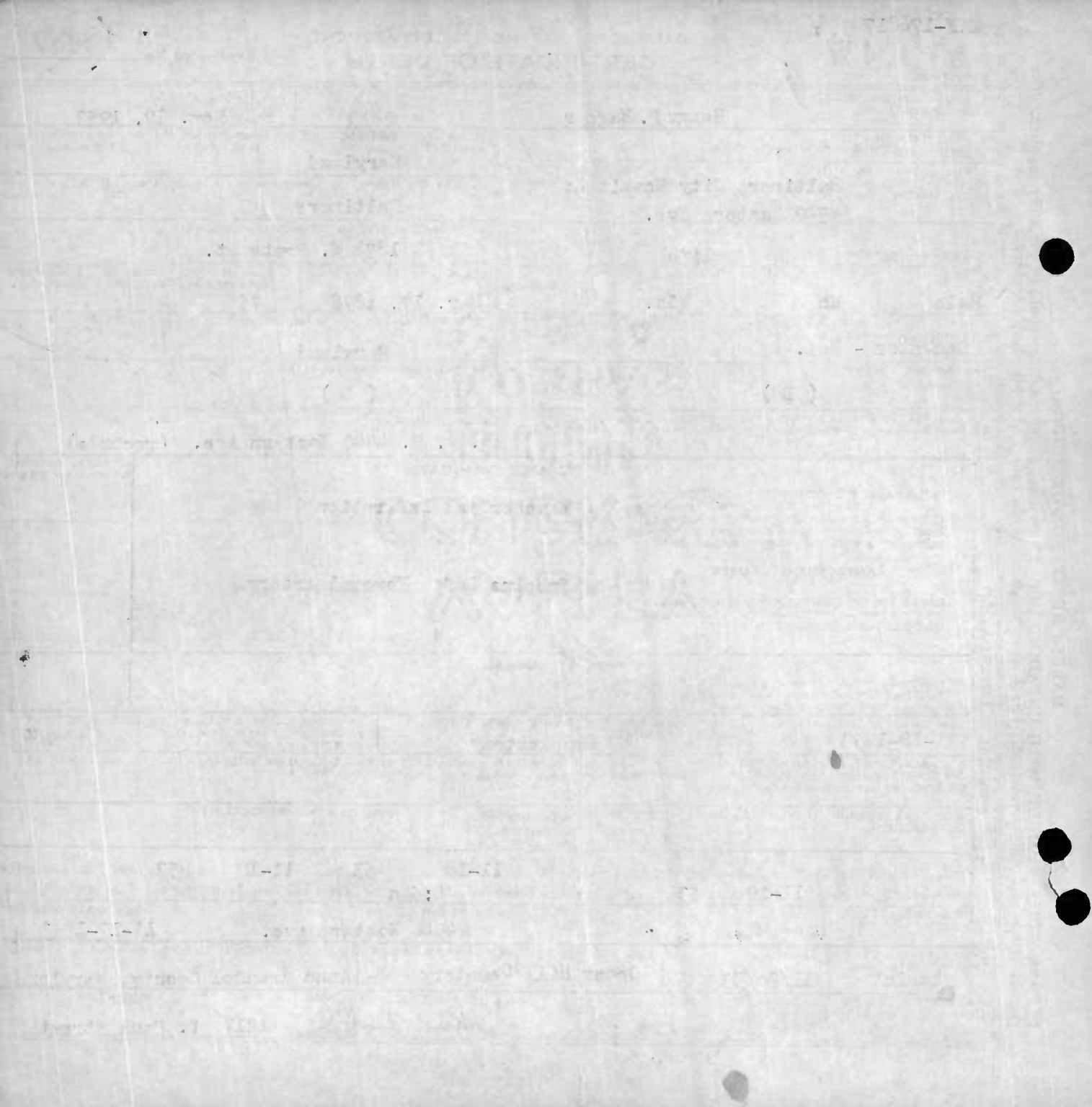
REGISTRAR'S SIGNATURE

H. J. Jones, M.D.

25. FUNERAL DIRECTOR

ADDRESS

25. FUNERAL DIRECTOR ADDRESS
1217 St. Paul Street



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10438

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

CARROLL J. SCHERER SR.

2. DATE
OF
DEATH

11/25/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland 124 E. Clement Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

124 E. Clement Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

12/29/95

9. AGE (In years
last birthday)

58

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Chauffeur

10B. KIND OF BUSINESS OR
INDUSTRY

Davidson Chem. Co.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John

14. MOTHER'S MAIDEN NAME

Rose Baker

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Family - Same

18.

4/20.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Thrombosis

2 hours

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Generalized arterio sclerosis

?

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 10/20/, 1951, to 11/25/, 1953 that I last saw the
deceased alive on 10/23/, 1953, and that death occurred at 11 A.m., from the causes and on the date stated above.

23A. SIGNATURE

Harry Deibel

M. D.

23B. ADDRESS

1226 Hanover St.

23C. DATE SIGNED

11/27/53.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

B

24B. DATE

11/28/53

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

James L. McColly - 130 E. Fort Avenue

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10439
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BEULAH M. MURRAY

2. DATE
OF
DEATH

11/24/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3836 Eighth Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

25-04

D. STREET ADDRESS (If rural, give location)

3836 Eighth Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

5/15/99

9. AGE (In years,
last birthday)

54

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Brack Upton

14. MOTHER'S MAIDEN NAME

Josephine Dyson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Family - Same

18.

163X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Carcinoma of Lung
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Nov 1952

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMED

Ca of Lung

IF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1952 to Nov 24, 1953 that I last saw the
deceased alive on 11/23, 1953 and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Samuel L. ...

M. D.

23B. ADDRESS

283 Calapers ...

23C. DATE SIGNED

11/24/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

B

24B. DATE

11/27/53

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven

24D. LOCATION (City, town, or county)

Baltimore

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

James E. McCully - 130 East Fort Avenue

W. L. G.

C-435 10440

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10440
Registered No.

BIRTH NO.

1. NAME OF DECEASED

Type or Print)

ELMER LESTER CLAYTON

2. DATE

OF

DEATH

11/25/53

3. PLACE OF DEATH:

Baltimore City, Maryland BALTO. Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MARYLAND B. COUNTY BALTO.

FULL NAME OF

(If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

THE UNION MEMORIAL HOSPITAL

Yrs.

Mos.

Days

5. Length of stay in Baltimore

53

6. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

JUNE 8, 1900

9. AGE (In years - last birthday)

53

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

10B. KIND OF BUSINESS OR INDUSTRY

FARMING

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

USA.

13. FATHER'S NAME

ROBERT L. CLAYTON

14. MOTHER'S MAIDEN NAME

SENA MAST

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

ADDRESS

Mrs. Elmer L. Clayton, New Cut Rd.

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Occlusion

Show 15m

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertensive Cardiovascular Disease

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4:30 AM 11/25, 1953, to 6:45 11/25, 1953, that I last saw the deceased alive on 6:45 11/25, 1953, and that death occurred at 6:45 AM, from the causes and on the date stated above.

23A. SIGNATURE

Paul M. Alessi

23B. ADDRESS

M. D.

UNION MEMORIAL HOSP.

23C. DATE SIGNED

11/25/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

25. DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR

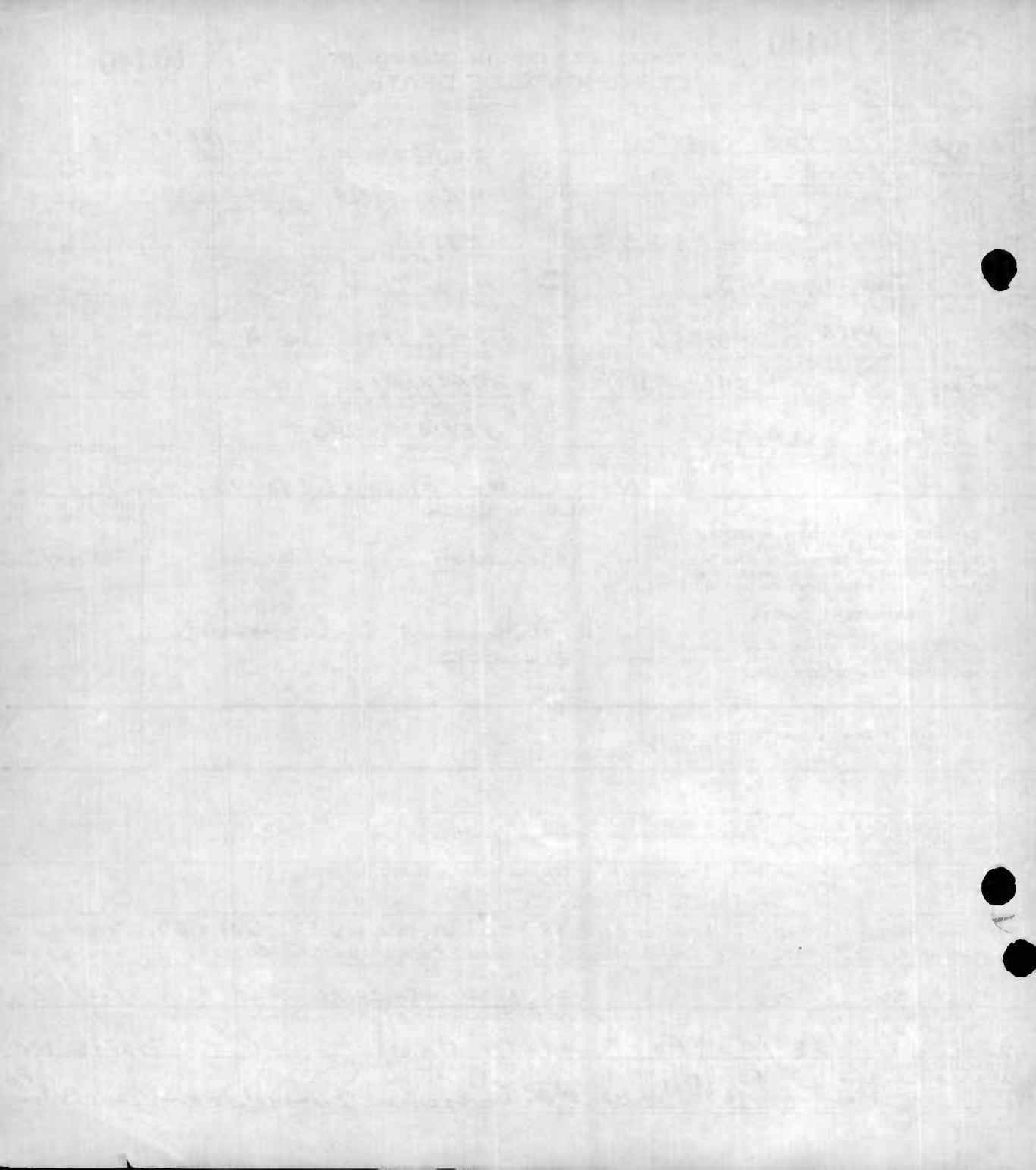
NOV 27 1953

Huntington Williams, Jr.

Lassahn Funeral Home 7401 Belair Rd

VS 150

10010



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10441

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

JOSEPH McROY

2. DATE
OF
DEATH

11-23-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

UNIVERSITY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

230 N. Greene St 4-02

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W. negr.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married (Spec)

8. DATE OF BIRTH

Aug. 14, 1925

9. AGE (In years last birthday)

28

H Under 1 Year

Months: Days

H Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Glen L. Martin

11. BIRTHPLACE (State or foreign country)

Balto. Md

12. CITIZEN OF WHAT COUNTRY?

U.S.C.

13. FATHER'S NAME

Charles McRoy

14. MOTHER'S MAIDEN NAME

Bessie Gilbert

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service)

Yes

W.W.I

16. SOCIAL SECURITY NO.

17. INFORMANT

Charles McRoy

ADDRESS 4327

Baltimore

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ACUTE MYOCARDIAL INFARCTION

INTERVAL BETWEEN ONSET AND DEATH

16-18 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) CORONARY ARTERY DISEASE

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK

NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-23-53, to 11-23-53, that I last saw the deceased alive on 11-23-53, and that death occurred at 12:20 P.M., from the causes and on the date stated above.

23A. SIGNATURE

John W. Looper MD

23B. ADDRESS

University Hospital

23C. DATE SIGNED

11-23-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Nov. 30, 1953

24C. NAME OF CEMETERY OR CREMATORY

Balto. National

24D. LOCATION (City, town, or county)

Balto. Md

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. C. Williams, MD

25. FUNERAL DIRECTOR

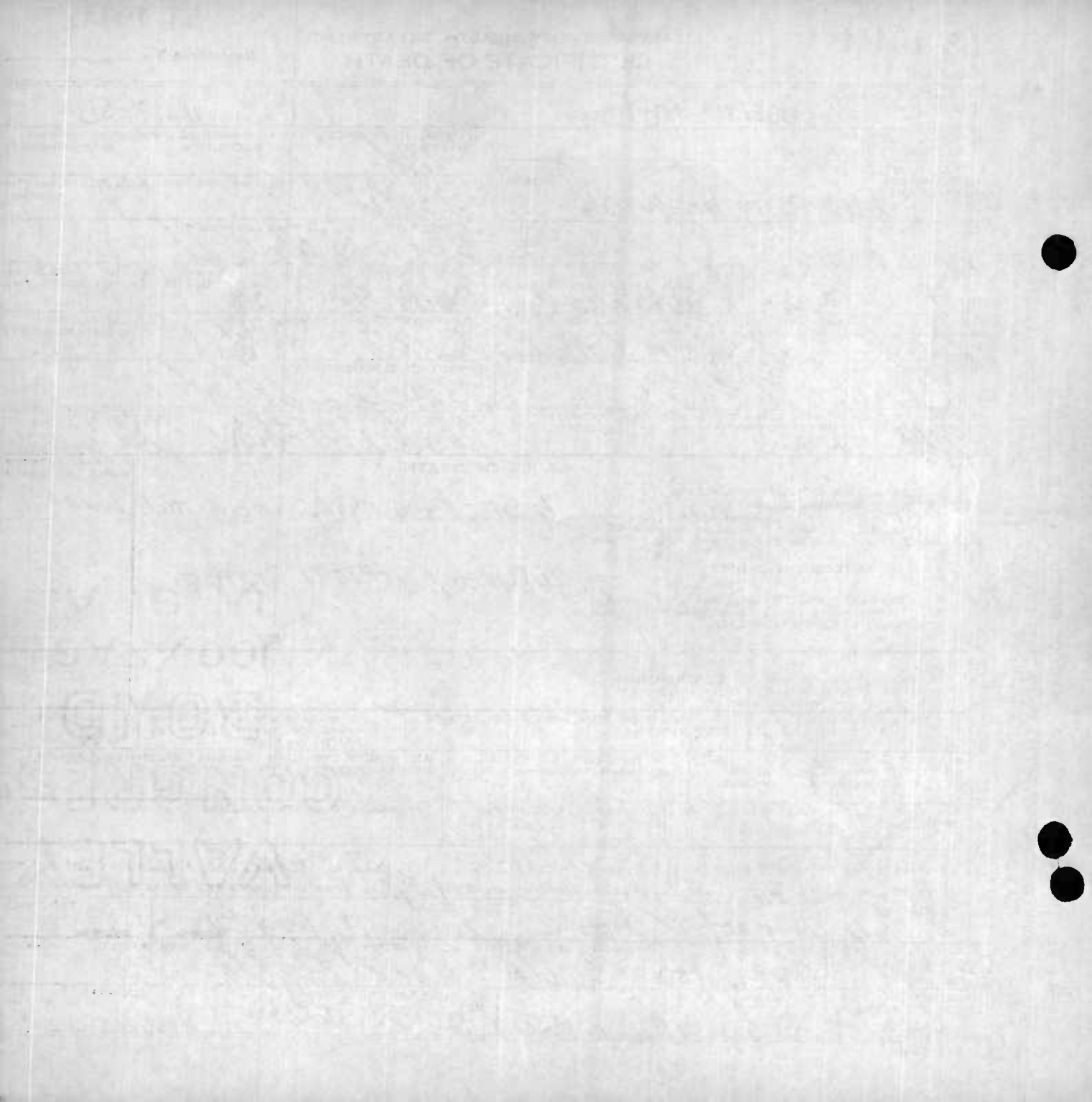
McIntosh Williams

ADDRESS 322

Baltimore

NOV 27 1953

970 3T



MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

B-452
53 10442

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10442

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BOWLING, William. THOMAS

2. DATE
OF
DEATH

NOV-26-53.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Franklin Square Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland, Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore.

D. STREET ADDRESS (If rural, give location)

1000 Herndon Court.

c. Length of stay in Baltimore

11 yrs.

Yrs.
Mos.
Days

5. SEX

Male.

6. COLOR OR RACE

White.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

NOT EMPLOYED.

10B. KIND OF BUSINESS OR
INDUSTRY

8. DATE OF BIRTH

1/8/06

9. AGE (In years
last birthday)

47

11 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Kentucky

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

David Bowling.

14. MOTHER'S MAIDEN NAME

Rachael McFarland.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

16. SOCIAL
SECURITY NO.

407-09-3549

17. INFORMANT

ADDRESS

Mrs. Effie Bowling Above

18.

470.1 I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Myocardial Infarction.

DOE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive Cardiosis.

DOE TO

(C) color disease.

INTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to Nov-26, 1953, that I last saw the
deceased alive on Nov-26, 1953, and that death occurred at 2:10 P.M., from the causes and on the date stated above.

23A. SIGNATURE

J. Lee Pratt M.D.

23B. ADDRESS

Franklin Square Hosp.

23C. DATE SIGNED

NOV-26-53.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

Nov. 27, 1953

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Chick Hill - Kentucky

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams

3512 Frederick Ave. Balt.

NOV 27 1953

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 10443**BIRTH No. **53 10443**

1. NAME OF DECEASED (Type or Print) Mrs. Helen J. Gibbons			2. DATE OF DEATH Nov. 26, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland 1 E. 39th. St			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 00			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 1 E. 39th. St.			E. Length of stay in Baltimore 25 Yrs. Mos. Days		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 12, 1897		9. AGE (in years, last birthday) 56
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Philadelphia, Penna
13. FATHER'S NAME Thomas P. McMahon			14. MOTHER'S MAIDEN NAME Sarah Mc Devett		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mr. James P. Gibbons			ADDRESS 1 E. 39th. Street		

18. 526 X 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic Bronchectasis DUE TO 10y	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Broncho Pneumonia DUE TO 3dy		
Pulmonary edema DUE TO 1dy		

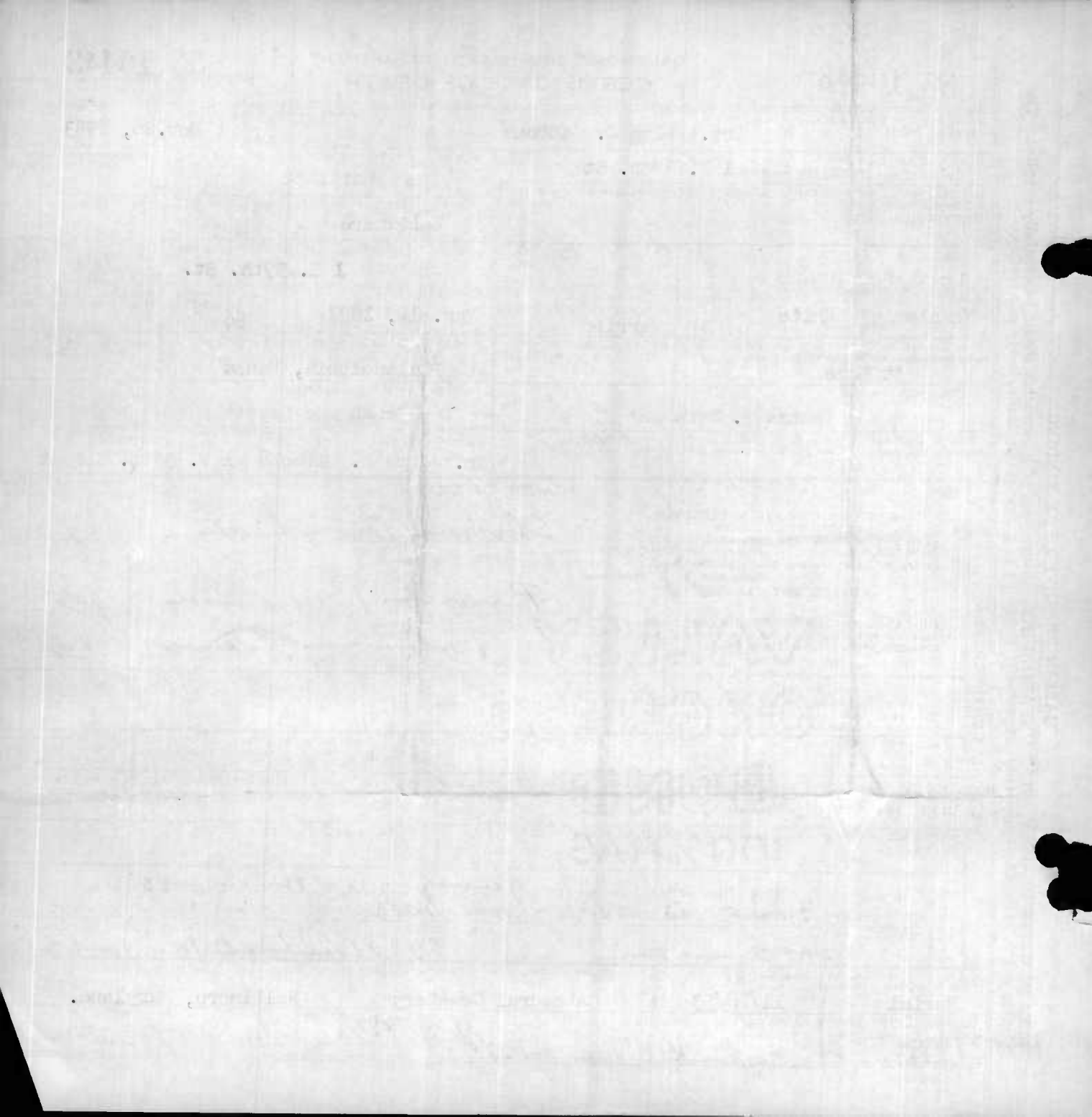
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **January**, 1953, to **Nov 26**, 1953, that I last saw the deceased alive on **Nov. 25**, 1953, and that death occurred at **11:30 A. M.**, from the causes and on the date stated above.

23A. SIGNATURE **W. H. Smith** M. D. 23B. ADDRESS **3429 Chestnut St** 23C. DATE SIGNED **Nov 27-53**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/28/53	24C. NAME OF CEMETERY OR CREMATORY Cathedral Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland.
DATE RECEIVED BY LOCAL REGISTRAR Nov 27 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR W. H. McLean & Son	ADDRESS 805 N. Calvert



V-200

3 10444

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10444
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Vece, Marcia

2. DATE

OF

DEATH November 26, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF

(If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

St. Joseph's

Yrs.

Mos.

Days

C. Length of stay in Baltimore

14 yr.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Hwfe.

10B. KIND OF BUSINESS OR
INDUSTRY

Own home

13. FATHER'S NAME

GEORGE RHODES

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ANTHONY VECE

ADDRESS

Same as
above

18. 586 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Nephrosis, acute

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

November 12, 1953

Adhesions of the common duct

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT ☐

WORK

NOT WHILE ☐

AT WORK

I hereby certify that I attended the deceased from November 7, 1953, to November 26, 1953, that I last saw the
deceased alive on Nov. 26, 1953, and that death occurred at 9:05 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1400 N. Caroline Street

Nov. 26, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Nov. 30-53

Sacred Heart Cem.

German Hill Rd., Ind.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 27 1953

Huntington Williams

John G. Connolly - 418 Eastern Ave

VS 150

Balto 21 Ind.

F600

10445

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10445

1. NAME OF DECEASED (Type or Print) Clifford C. FREY		2. DATE OF DEATH 11.25.53 at 8:30 P.M.	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY 03	
5. FULL NAME OF HOSPITAL OR INSTITUTION Doctors H.		C. CITY OR TOWN (If outside corporate limits, write rural and give township) BALTIMORE 26	
6. Length of stay in Baltimore 60 YEARS		D. STREET ADDRESS (If rural, give location) 3424 DUDLEY	
7. SEX M.	8. COLOR OR RACE W.	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	10. DATE OF BIRTH APRIL 28-1885
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ACCOUNTANT RETIRED		12. AGE (In years last birthday) 68	
13. FATHER'S NAME SAMUEL FREY		14. BIRTHPLACE (State or foreign country) YORK PA.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. CITIZEN OF WHAT COUNTRY? USA	
17. SOCIAL SECURITY NO.		18. MOTHER'S MAIDEN NAME SARAH V. SHINBURY	
19. INFORMANT ADDRESS MRS. GLADYS NEAL 3424 DUDLEY AVE		20. DATE OF BIRTH APRIL 28-1885	
21. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		22. CAUSE OF DEATH	
23. ANTECEDENT CAUSES		24. INTERVAL BETWEEN ONSET AND DEATH	
25. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		26. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
27. DATE OF OPERATION		28. MAJOR FINDINGS OF OPERATION	
29. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		30. DATE OF OPERATION	
31. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		32. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
33. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		34. TIME (Month) (Day) (Year) (Hour)	
35. INJURY OCCURRED		36. HOW DID INJURY OCCUR?	
37. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		38. I hereby certify that I attended the deceased from May 1, 1953 , to Nov 25, 1953 , that I last saw the deceased alive on Nov 24, 1953 , and that death occurred at 8:30 A.M. from the causes and on the date stated above.	
39. SIGNATURE Trailer Anderson		40. ADDRESS 3001 Healdwood Ave	
41. DATE SIGNED 11/25/53		42. NAME OF CEMETERY OR CREMATORY BALTIMORE	
43. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		44. LOCATION (City, town, or county) BALTIMORE MD	
45. DATE RECEIVED BY LOCAL REGISTRAR NOV 27 1953		46. REGISTRAR'S SIGNATURE Bladen F. Hoffmann	
47. FUNERAL DIRECTOR ADDRESS 1635 Broadway		48. VS 150	

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DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

5-350
53 10446

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10446

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROBERT LEE STINE

2. DATE
OF
DEATH

11-26-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

CITY HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

MIDDLE RIVER MD

D. STREET ADDRESS (If rural, give location)

7. COCKPIT ST

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

3/10/1896

9. AGE (In years
last birthday)

57

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

CLERK WESTERN MR. DAIRY

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JOSEPH STINE

14. MOTHER'S MAIDEN NAME

LILLIAN SCROGGS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

CECELIA A STINE 7-COCKPIT ST

18. E816.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

RUPTURED LIVER

DUE TO

ANTECEDENT CAUSES

(B)

FRACTURED RIBS

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)
road

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

6900 block Pulaski Highway

21D. TIME (Month) (Day) (Year) (Hour)

10/26/53

12:10 A. m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Auto & truck collision (passenger in
auto)

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph A. Jachimowicz

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

11-26-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

11/30/53

24C. NAME OF CEMETERY OR CREMATORY

MORELAND MEMORIAL BALTIMORE MD

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

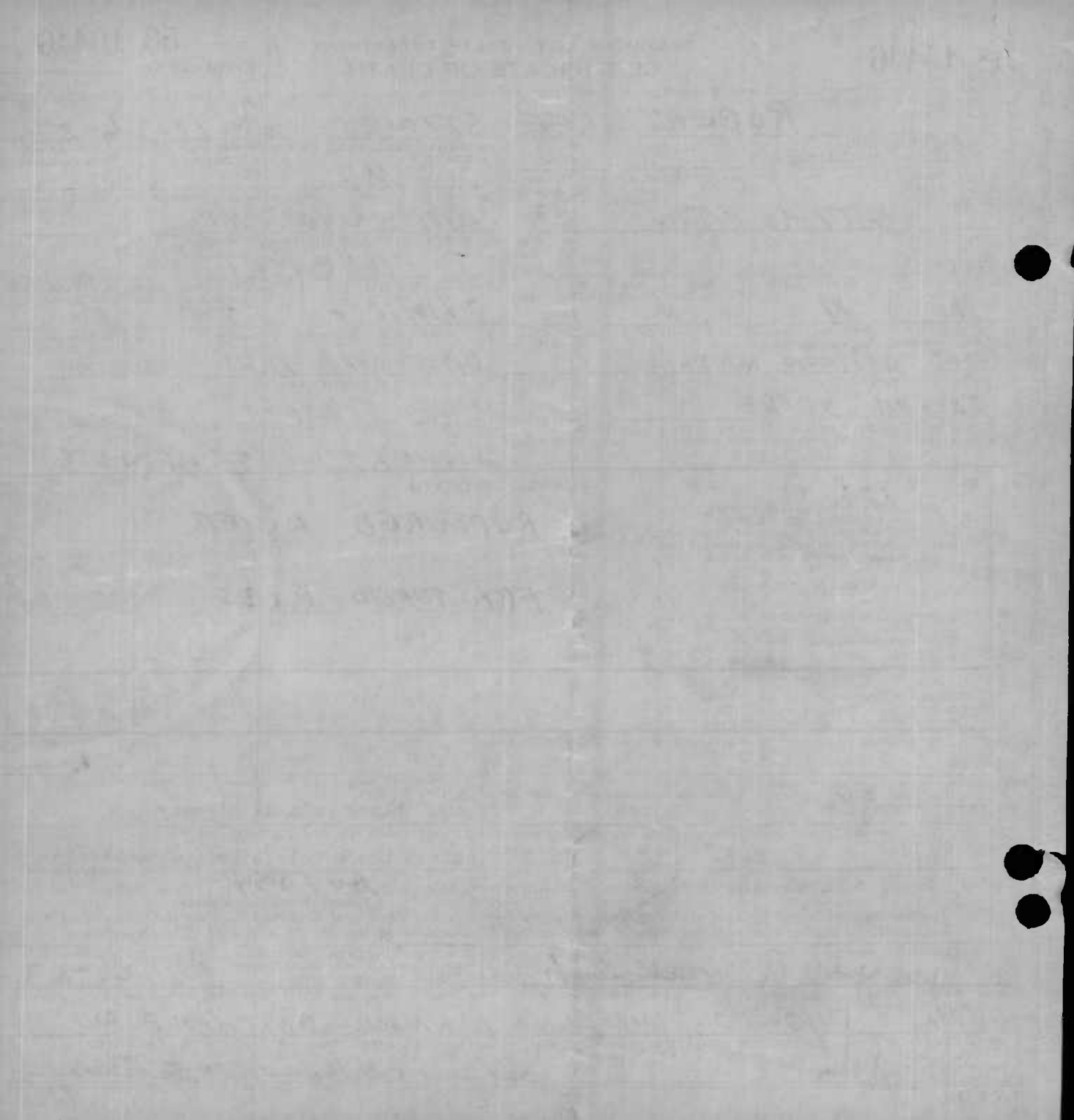
ADDRESS

NOV 27 1953

V S 151

1-864.2

39041



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 10447**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)DOMINIC
FRANKLIN VLACH (VLACK)2. DATE
OF DEATH November 24, 19533. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)
A. STATE MarylandB. FULL NAME OF (If not in hospital or institution, give street address or
location)
HOSPITAL OR
INSTITUTION

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)
Baltimorec. Length of stay in Baltimore life Yrs.
Mos.
DaysD. STREET ADDRESS (If rural, give location)
805 N. Kenwood Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH

Oct. 29, 1905

9. AGE (In years
last birthday)

48

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Packer10B. KIND OF BUSINESS OR
INDUSTRY
Hochschild Kohn Co.11. BIRTHPLACE (State or foreign country)
Baltimore, Md.12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Frank Vlach

14. MOTHER'S MAIDEN NAME

Albina Zelinka

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
no16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Mrs. Albina Hall, sister, 3508 Lyndale Ave

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cerebral hemorrhage

DUE TO

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐ 23C. DATE SIGNED
ASSISTANT MEDICAL EXAMINER.....☒ Nov. 25, 1953
M.D. MEDICAL INVESTIGATOR.....☐24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

Nov. 28, 1953

24C. NAME OF CEMETERY OR CREMATORY

Oak Hill Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

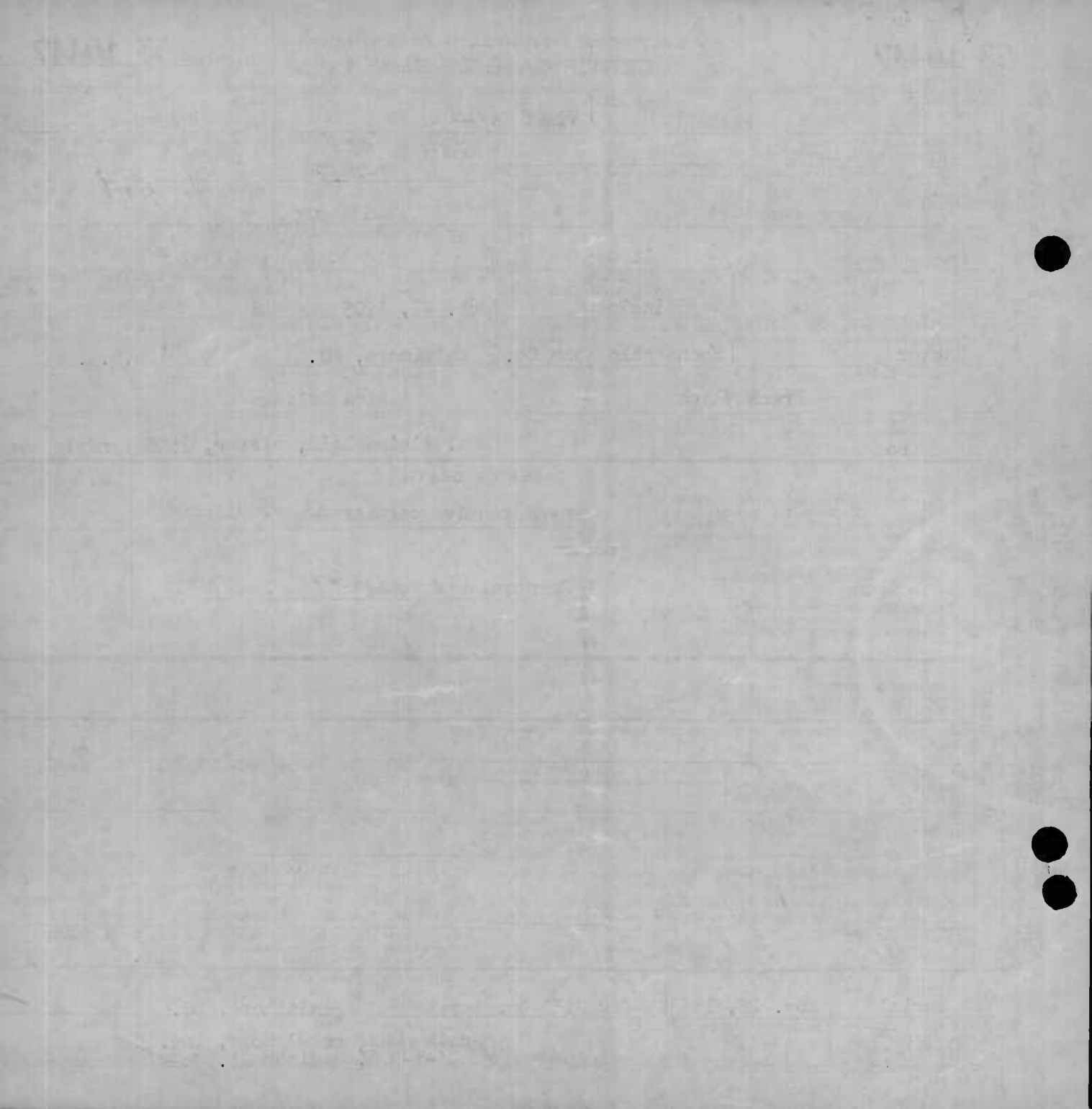
NOV 27 1953

Huntington Williams, M.D. Schimunek Funeral Home, Inc.
2601-3-5 E. Madison St.

VS 151

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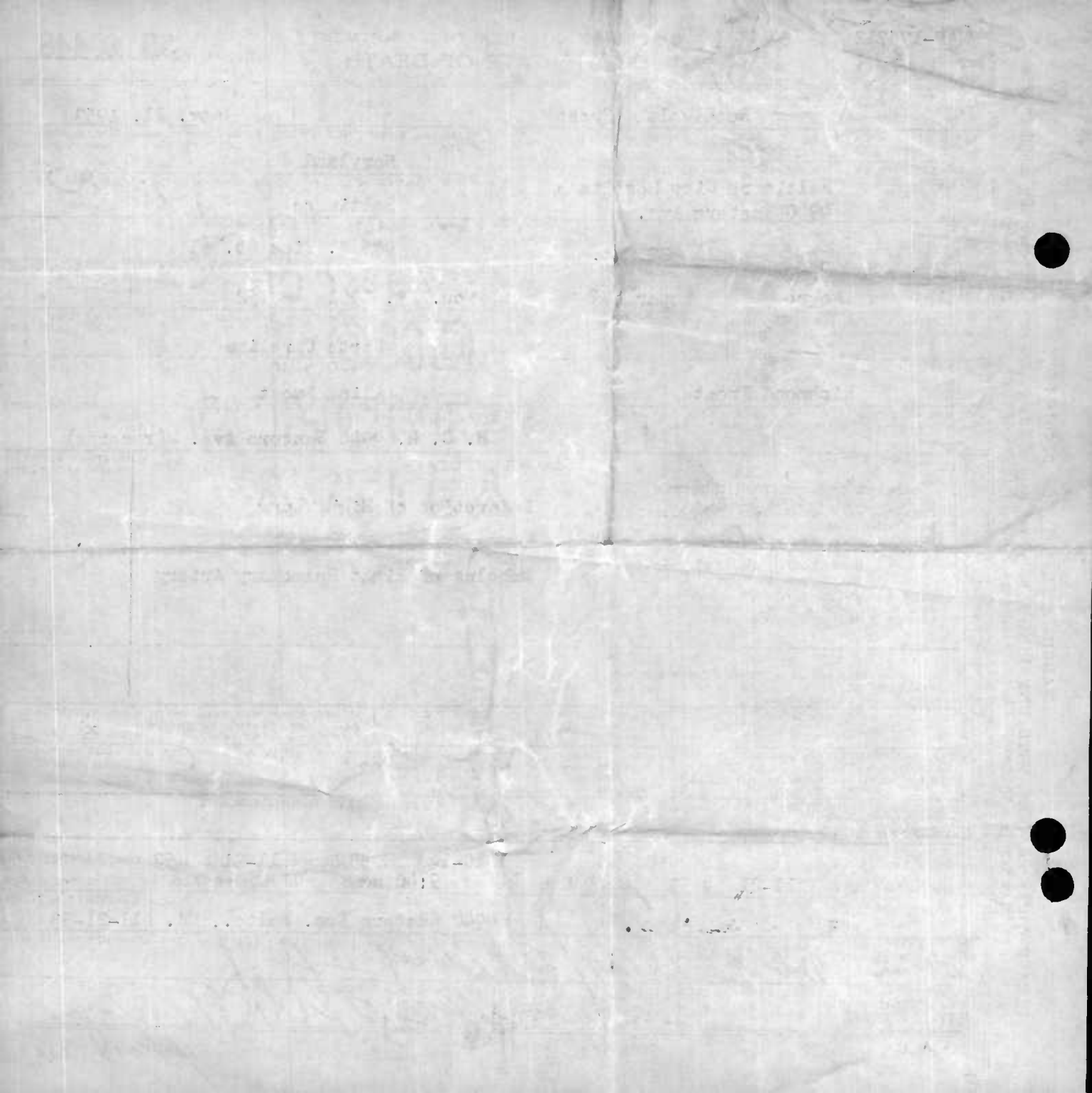
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 10448**
F 623
MAT-175712
53 10448
 BIRTH NO.

1. NAME OF DECEASED (Type or Print) Roosevelt Frost		2. DATE OF DEATH Nov. 21, 1953	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		c. CITY OR TOWN (If outside corporate limits write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 27 yrs.		d. STREET ADDRESS (If rural, give location) 406 N. Pine St. #1	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH Nov. 12, 1901
10a. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 52
13. FATHER'S NAME Richmond Frost		11. BIRTHPLACE (State or foreign country) North Carolina	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
12. CITIZEN OF WHAT COUNTRY?		14. MOTHER'S MAIDEN NAME Alina Smoot	
17. INFORMANT		ADDRESS B. C. H. 4940 Eastern Ave. (records)	

18. 465 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Infarction of Right Lung DUE TO			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Embolus of Right Pulmonary Artery DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION 2	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-14 , 1953, to 11-21 , 1953, that I last saw the deceased alive on 11-21 , 1953, and that death occurred at 9:40 am , from the causes and on the date stated above.			
23a. SIGNATURE <i>H. J. [Signature]</i>		23b. ADDRESS 4940 Eastern Ave. Balto., Md.	23c. DATE SIGNED 11-21-53
24a. BURIAL CREMATION REMOVAL (Specify)	24b. DATE Nov 27	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR NOV 27 1953	REGISTRAR'S SIGNATURE <i>H. J. [Signature]</i>	25. FUNERAL DIRECTOR <i>[Signature]</i>	



53

F-630
10449BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10449

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CATHERINE L. FAHERTY

2. DATE
OF
DEATH

Nov. 26, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

80 S. Kossuth St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

80 S. Kossuth St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

Sept. 27, 1872

9. AGE (In years,
last birthday)

81

H Under 1 Year
Months: DaysH Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
housewife10B. KIND OF BUSINESS OR
INDUSTRY
at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Santry

14. MOTHER'S MAIDEN NAME

Bridget Lyston

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
no16. SOCIAL
SECURITY NO.
no17. INFORMANT ADDRESS
Miss Catherine M. Faherty-80 S. Kossuth St.

18. 443 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Acute Myocardial Failure

1 day

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive arteriosclerosis
C.V. Disease

15-20 yrs

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about house, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to Nov 26, 1953, that I last saw the
deceased alive on Nov 26, 1953, and that death occurred at 4 P. M., from the causes and on the date stated above.

23A. SIGNATURE

John T. Coolahan

M. D.

23B. ADDRESS

4201 Wilkins Ave

23C. DATE SIGNED

11/27/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
burial24B. DATE
11/30/5324C. NAME OF CEMETERY OR CREMATORY
New Cathedral Cem.24D. LOCATION (City, town, or county) (State)
Balto., Md.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

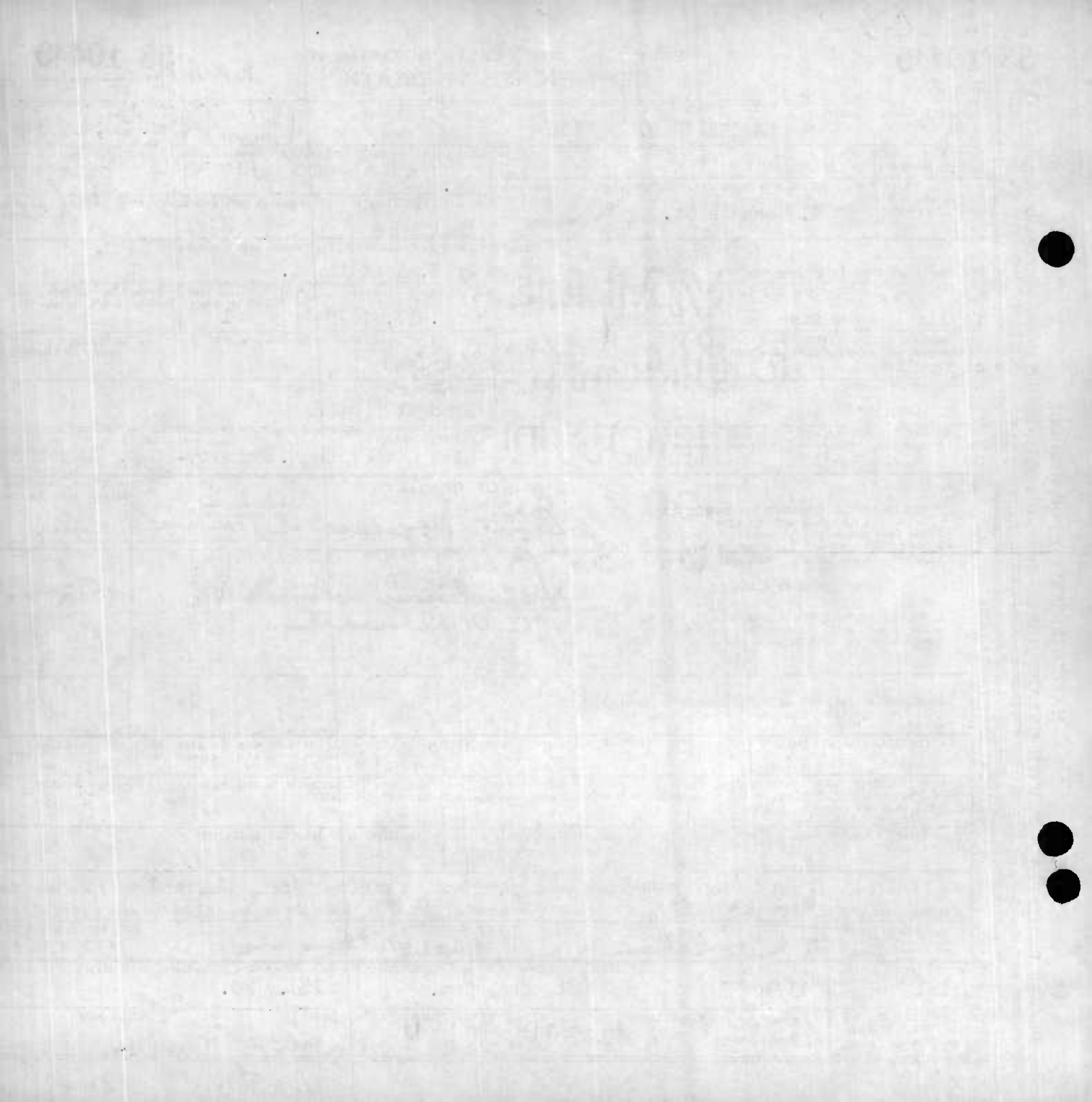
Huntington Williams

FUNERAL DIRECTOR

J. J. Vickner & Sons

ADDRESS

Balto 17, Md.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is important. Physicians: please write the causes of death clearly and fully.

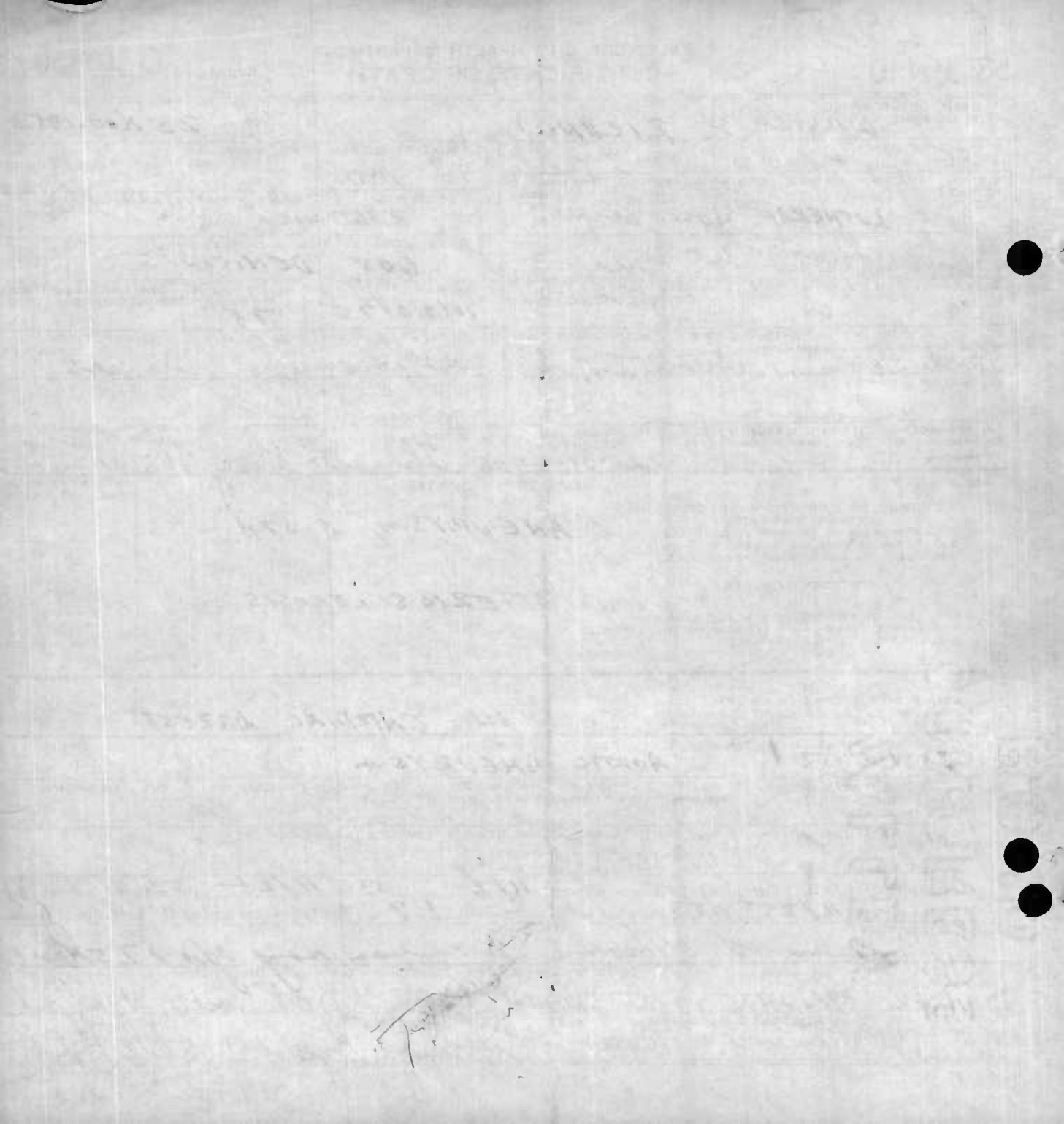
R-250

53 10450

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10450

1. NAME OF DECEASED (Type or Print) WILLIAM F. RICHMOND			2. DATE OF DEATH 25 NOV. 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN HOSP. OF MD.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BAKIMORE 16-08		
C. Length of stay in Baltimore 45 yrs			D. STREET ADDRESS (If rural, give location) 605 DENISON ST.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 11/20/75	9. AGE (in years last birthday) 78	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Foreman			10B. KIND OF BUSINESS OR INDUSTRY Steelwork		
11. BIRTHPLACE (State or foreign country) Germany			12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO. 220-09-9405		
17. INFORMANT Thomas C. Kinsey			ADDRESS 605 Denison St.		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANEURYSM, AORTA			INTERVAL BETWEEN ONSET AND DEATH		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ARTERIO SCLEROSIS					
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. SURGICAL CARDIAC ARREST					
19A. DATE OF OPERATION 25 NOV. '53			19B. MAJOR FINDINGS OF OPERATION AORTIC ANEURYSM		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 11/6 , 19 53 , to 11/25 , 19 53 , that I last saw the deceased alive on 11/25 , 19 53 , and that death occurred at 1 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE James P. O'Hare			23B. ADDRESS Lutheran Hosp 4125 North		
24A. BURIAL CREMATION, REMOVAL (Specify) Burial			24B. DATE Nov 29/53		
24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery			24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		
25. FUNERAL DIRECTOR James O. Byers			ADDRESS 5005 Pk. Light Baltimore, Md.		



B-256
10451BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10451

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MR. J. MAURICE BUCHEIMER

2. DATE
OF
DEATH

11/24/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

CHURCH HOME & HOSPITAL

C. Length of stay in Baltimore

LIFE Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

LEATHER GOODS

13. FATHER'S NAME

GEORGE HENRY BUCHEIMER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No None

16. SOCIAL
SECURITY NO.

218-33-3943

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND

BALTIMORE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

RUXTON

53-00

D. STREET ADDRESS (If rural, give location)

Malvern Street

8. DATE OF BIRTH

11/16/1890

9. AGE (In years
last birthday)

63

11 Under 1 Year

Months Days

11 Under 24 Hours

Hours Min.

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

CARIE TAYLOR

17. INFORMANT

ADDRESS

Family Records

18. 585X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)(A) Pulmonary Edema with
Atelectasis

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Congestive Heart Failure

4 days

(C) Uremia

8 days

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Inflammatory Obstruction of duodenum
and Common Duct

10 days

19A. DATE OF OPERATION

11/11/53 - 11/18/53

19B. MAJOR FINDINGS OF OPERATION

EXPLORATION COMMON DUCT HETEROTOMY (11/14/53)

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

NO

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from Nov 11, 1953, to Nov 24, 1953, that I last saw the
deceased alive on Nov 24, 1953, and that death occurred at 11:40 P.m., from the causes and on the date stated above.

23A. SIGNATURE

V. Reed Carroll

M. D.

23B. ADDRESS

Church Home & Hospital

23C. DATE SIGNED

11/25/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Nov. 28, 1953

24C. NAME OF CEMETERY OR CREMATORY

Pine Ridge Cem.

24D. LOCATION (City, town, or county) (State)

Pikerville, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Johns' Sons, Towson, Md.

2904X

CERTIFICATE OF DEATH

IN THE STATE OF TEXAS

COUNTY OF DALLAS

CITY OF DALLAS

DECEASED

NAME

AGE

SEX

RACE

DATE OF DEATH

PLACE OF DEATH

Cause of Death

Signature of Physician

Signature of Coroner

Signature of Registrar

Signature of Witness

Signature of Minister

Signature of Undertaker

Signature of Burial

Signature of Interment

Signature of Burial

Signature of Interment

Signature of Burial

Signature of Interment

Signature of Burial

Signature of Interment

Signature of Burial

Signature of Interment

Signature of Burial

Signature of Interment

Signature of Burial

Signature of Interment

Signature of Burial

Signature of Interment

Signature of Burial

Signature of Interment

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-530
53 10452

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 10452
Registered No. _____

BIRTH NO.		CERTIFICATE OF DEATH	
1. NAME OF DECEASED (Type or Print) <i>Harry Edgar Bennett</i>		2. DATE OF DEATH <i>Feb. 25, 1953</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <i>Maryland</i> b. COUNTY	
b. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION <i>1804 W. Mount St.</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 15-00</i>	
c. Length of stay in Baltimore Yrs. <i>of 19 yrs.</i> Mos. <i>1804 W. Mount St.</i> Days		d. STREET ADDRESS (If rural, give location) <i>1804 W. Mount St.</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Apr. 2 1890</i>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>porter</i>	9b. KIND OF BUSINESS OR <i>social security</i> INDUSTRY <i>Edg.</i>	10. BIRTHPLACE (State or foreign country) <i>Haward C. Ind.</i>	11. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Unknown</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT <i>Mrs. Anna M. Bennett</i> <i>1804 W. Mount St.</i>	

18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <u>Coronary Thrombosis</u> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
	(B) <u>Hypertensive Heart Disease</u> DUE TO (C) <u>Agitated (Unusual) Thrombosis</u>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT			

MEDICAL	19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 11/2/53, 1953, to 1/20/53, 1953, that I last saw the deceased alive on 11/2/53, 1953, and that death occurred at 7:45 PM, from the causes and on the date stated above.

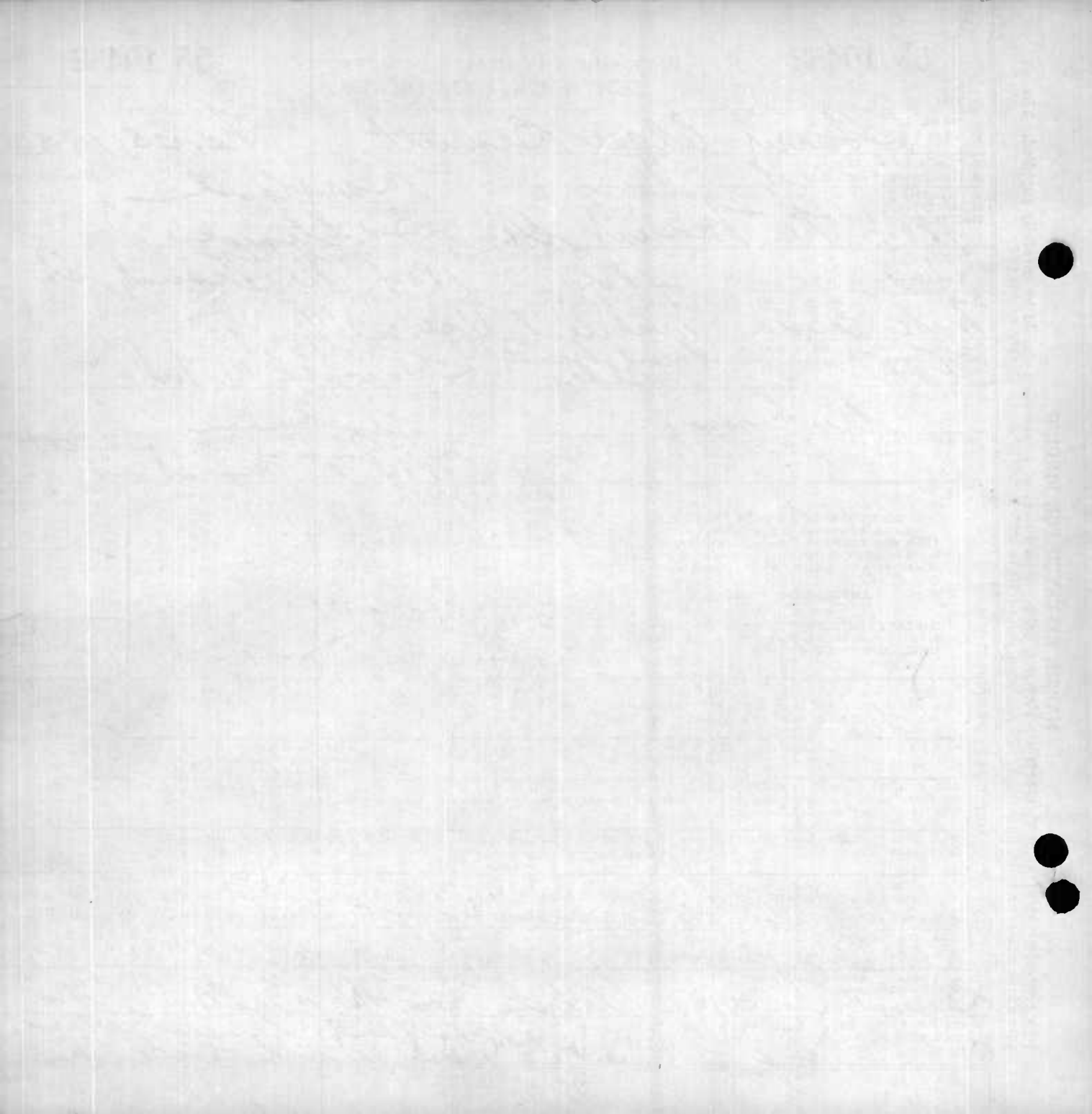
23a. SIGNATURE <i>[Signature]</i>	23b. ADDRESS <i>333 Modesto Ave</i>	23c. DATE SIGNED <i>11/2/53</i>
--------------------------------------	--	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Nov. 30, 1953	Arbutus Mem. Pl.	Bald, Co. Ind.

DATE RECEIVED BY LOCAL REGISTRAR NOV 27 1964 REGISTRAR'S SIGNATURE WILLIAM M. J. O'NEILL, JR. GENERAL DIRECTOR GENERAL ALBERT J. WINDHILL, JR.

VS 150

780 74



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 10453**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

THOMAS

STRATTON

2. DATE
OF
DEATH

11-24-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

501 Moore Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
separated

8. DATE OF BIRTH

1-22-1895

9. AGE (In years
last birthday)

68

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Interior Decorator10B. KIND OF BUSINESS OR
INDUSTRY
Self emp.

11. BIRTHPLACE (State or foreign country)

Alexander, Va.

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Thomas Stratton, Jr. 2421 Hudson Pl.

18. **E 812.4**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Bronchopneumonia and purulent bronchitis

~~XXXXXX~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Complete fracture of both bones of right
~~XXXX~~ leg with non-union of fracture

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)
street21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Howard and Dolphin Streets 11/2

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY 10-31-5321E. INJURY OCCURRED
WHILE AT ☐ WORK NOT WHILE ☒
AT WORK

21F. HOW DID INJURY OCCUR?

Pedestrian struck by auto

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. F. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

11-30-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12-1-53

24C. NAME OF CEMETERY OR CREMATORY

MT AUBURN

24D. LOCATION (City, town, or county)

BALTO, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

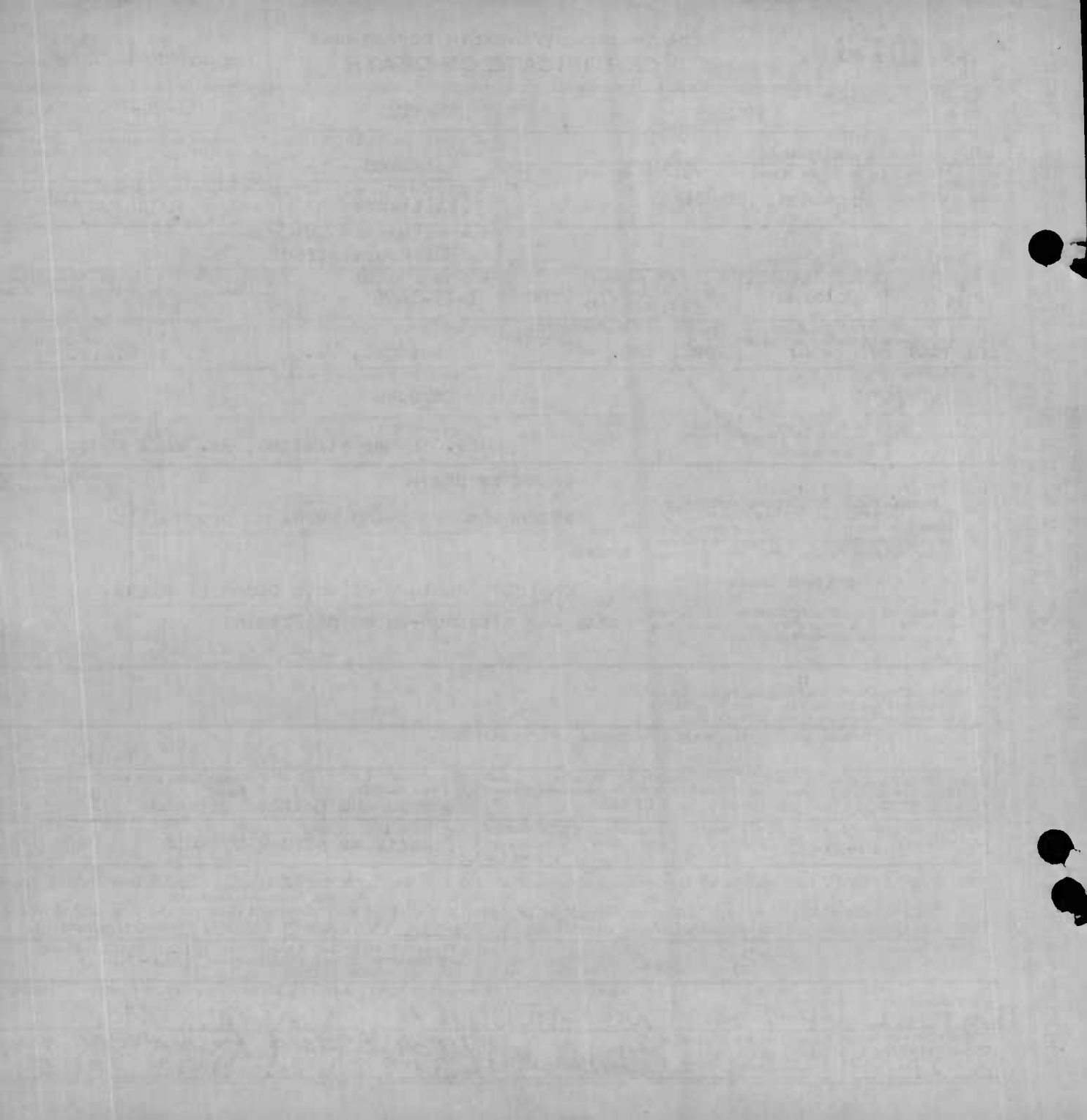
11-27-53

REGISTRAR'S SIGNATURE

Huntington Hillhouse, Md

25. FUNERAL DIRECTOR

1631 DRUID HILL AVE



R-326
53 10454BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10454
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HENRY A. RODGERS

2. DATE
OF DEATH November 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1140 Woodyear Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 16, 1901

9. AGE (in years
last birthday)

53

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Self employed

11. BIRTHPLACE (State or foreign country)

Lewyns Brook, Md. USA

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Edward Rodgers

14. MOTHER'S MAIDEN NAME

Elizabeth Blanton

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Miss Luella Rodgers
1140 Woodyear Street

18. E902.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Skull fracture

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Contusion of brain

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Farm

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Owings Mills, Maryland

5300

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Nov. 23, 1953 11:00 A. m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Apparently fell from
hay mound to floor of barn22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death, in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William C. Smith

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Nov. 24, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Nov. 28, 1953

Pleasant Hill Burial Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

Funeral Home

VS 151

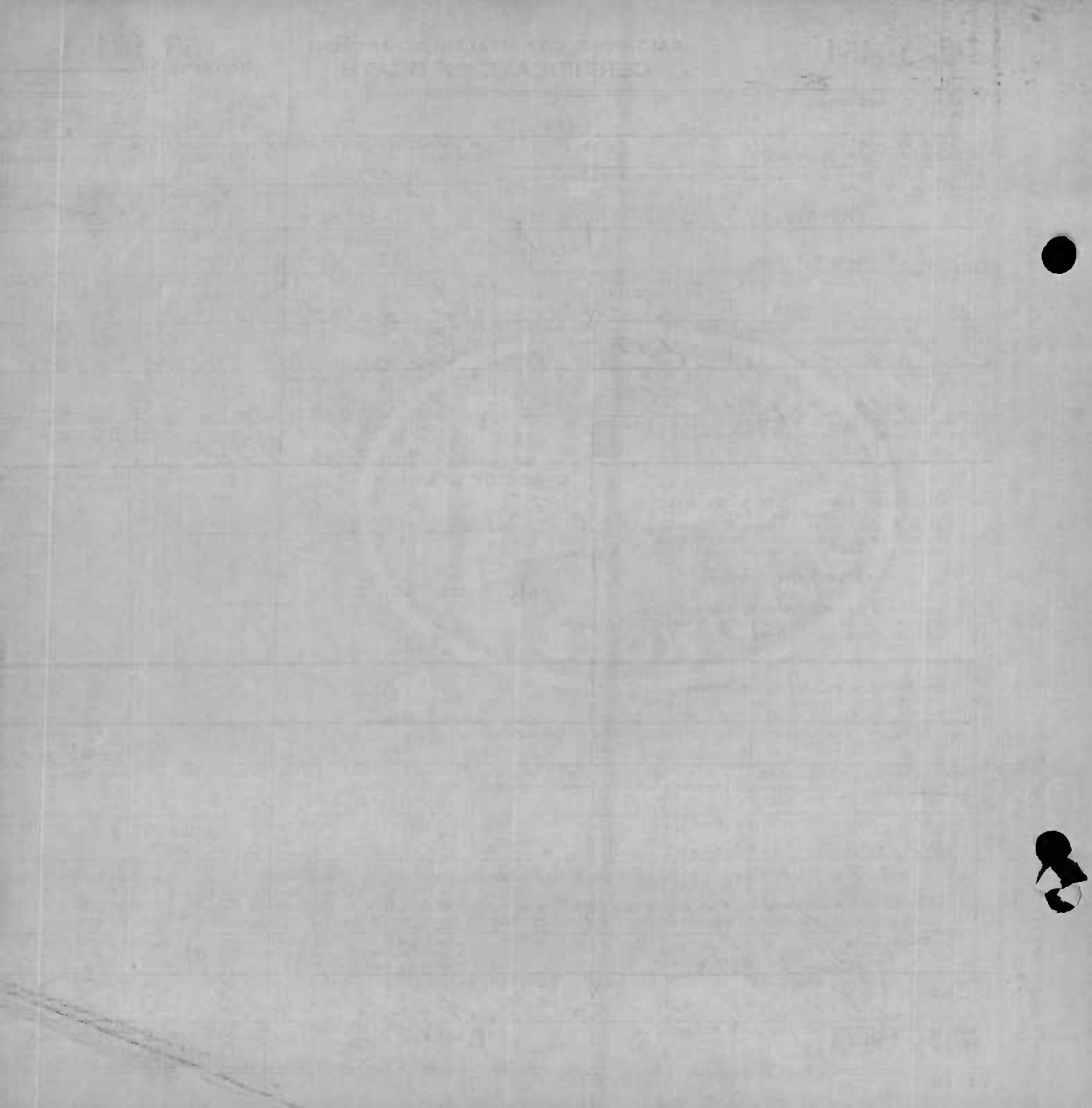
js N-803.00

97099

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10455

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alma V. Williams

2. DATE
OF
DEATH

Nov. 26, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Dad 3

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

3-26-1897

9. AGE (In years
last birthday)

56

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Frederick Co

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

CHARLES E. MERCER

14. MOTHER'S MAIDEN NAME

MARY STONE

FREDERICK CO

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

1

16. SOCIAL
SECURITY NO.

212-24-3016

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

421.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Pulmonary embolism

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

5 min.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Calcific aortic stenosis

DUE TO

4 yrs.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/24, 1953 to 11/26, 1953 that I last saw the
deceased alive on 11/26, 1953, and that death occurred at 11:46 p.m., from the causes and on the date stated above.

23A. SIGNATURE

John L. Hederman

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

11-27-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

11/30/53

24C. NAME OF CEMETERY OR CREMATORY

Mt Olivet Cemetery

24D. LOCATION (City, town, or county)

Frederick Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

G.E. Oliver & Son, Inc.
134 Russell Smith

ADDRESS

NOV 27 1953

1000

R-000 CERTIFICATE CORRECTED 12-2-53

53 10456

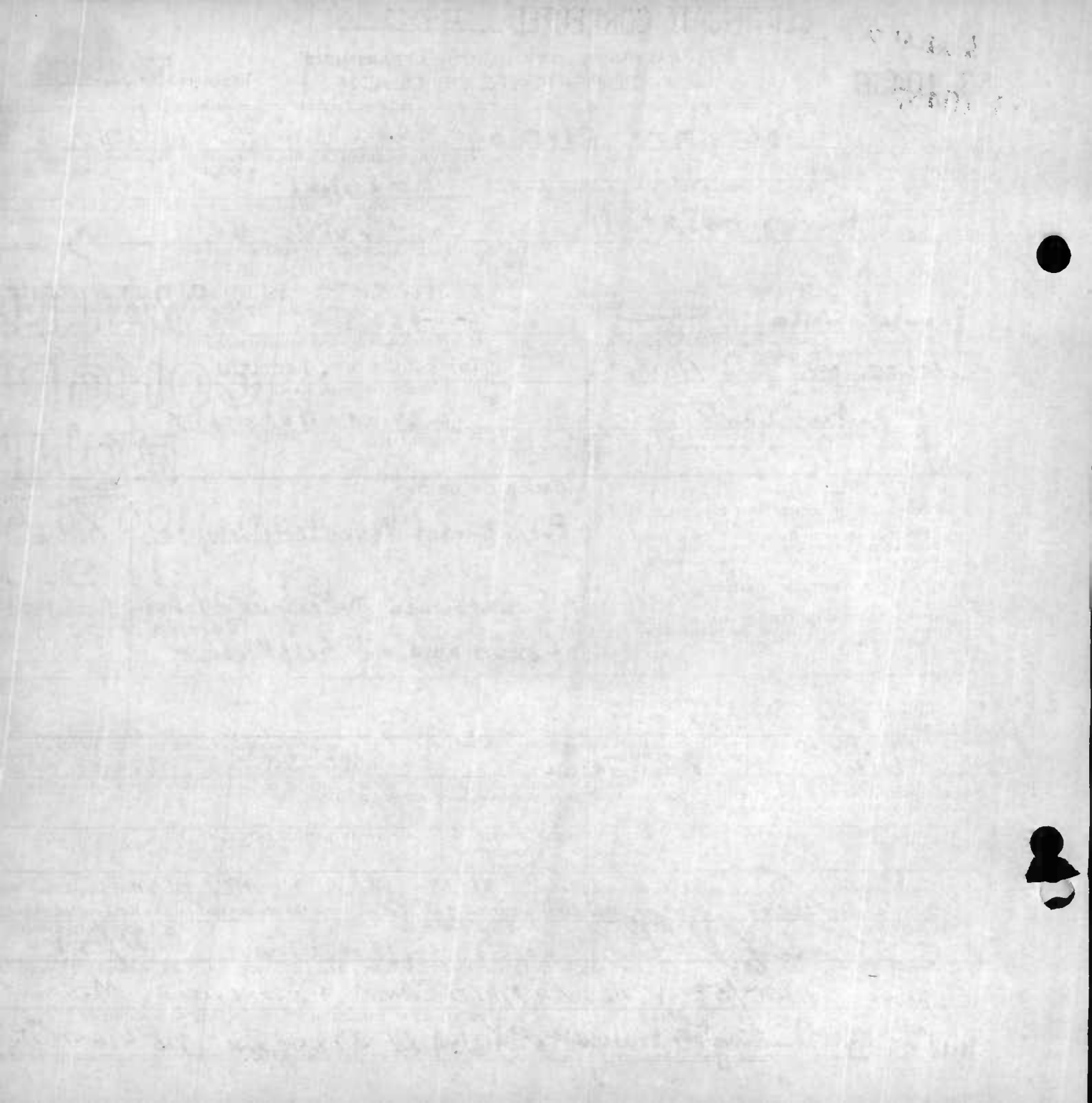
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10456

1. NAME OF DECEASED (Type or Print) Roe, Mrs. Florence C.		2. DATE OF DEATH 11/27/53	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Maryland b. COUNTY QUEEN ANNE	
b. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Centerville, Md	
c. Length of stay in Baltimore 0		d. STREET ADDRESS (If rural, give location) 6700	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 4-22-1885
9. AGE (in years last birthday) 68		10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	
11. BIRTHPLACE (State or foreign country) Talbot County, Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Peter Cook		14. MOTHER'S MAIDEN NAME Lavina Hardesty	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. 155X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) - Peripheral Vascular Collapse DUE TO 12 hrs		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. - Generalized Metastasis of Yellow DUE TO 4-5 mos		(B) Generalized Metastasis of Yellow	
(C) Carcinoma of Gall Bladder			2?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19a. DATE OF OPERATION 11/27		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED Yellow Jaundice		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11-20 , 19 53 , to 11-27 , 19 53 , that I last saw the deceased alive on 11-27 , 19 53 , and that death occurred at 3:25 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Edward J. Fley		23b. ADDRESS 6000 Mercy Hospital		23c. DATE SIGNED 11/27/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11/20/53		24c. NAME OF CEMETERY OR CREMATORY CHESTER FIELD CEM.		24d. LOCATION (City, town, or county) (State) CENTREVILLE, MD.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 28 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR JOHN S. PENNY, INC.		ADDRESS 715 LIGHT ST.	



M-532
53 10457BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10457
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bonnie Lou Mt. Jay

2. DATE
OF
DEATH

Nov. 27, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Burgal 3 (60K) Pa

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS

(If rural, give location)

109 N. Ligonier St

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Yrs.
Mos.
Days

8. DATE OF BIRTH

9. AGE (in year,
last birthday)If Under 1 Year
Months; Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Albert Mt. Jay

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 754.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

coronary aneurysm

5 min.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

ANOXIA

5 yrs

DUE TO

(C) CONGENITAL HEART DISEASE

5 yrs

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

THORACOTOMY

5 hrs.

19A. DATE OF OPERATION

11-27-53

19B. CONDITION FOR WHICH OPERATION

WAS PERFORMED CONGENITAL
HEART DISEASEIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-23-1953 to 11-27-1953, that I last saw the
deceased alive on 11-27-1953 and that death occurred at 2:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Frank Cole Spencer

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

11-27-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11/28/53

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Latrobe, Penna

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

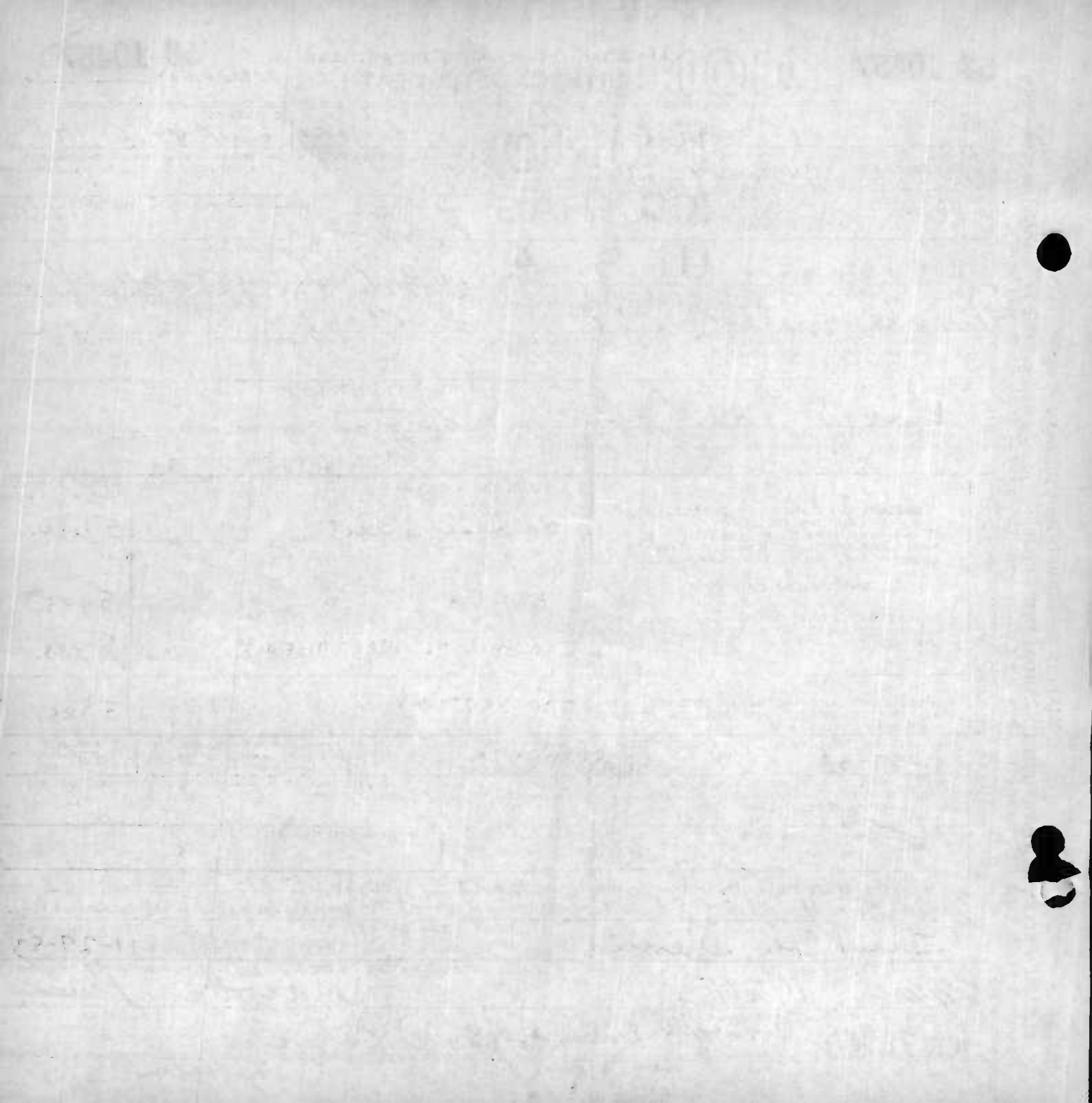
Huntington Williams

25. FUNERAL DIRECTOR

E. E. Redway

ADDRESS

Harrison City, Pa.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10458

A-450
53 10458
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

GEORGE ALLEN

2. DATE
OF
DEATH

11-25-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

39 Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1819 Madison Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

11-22-81

9. AGE (In years
last birthday)

72

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Massachusetts

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 434.21

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cardiac Failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cardiac Asthenia

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

D.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 25, 1953, to Nov. 25, 1953, that I last saw the
deceased alive on Nov. 25, 1953, and that death occurred at 10:05 p.m., from the causes and on the date stated above.

23A. SIGNATURE

George R. Ligno M. D.

23B. ADDRESS

Provident Hospital

23C. DATE SIGNED

11-27-53

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

Burial

24B. DATE

11-30-53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Met. Graves A. Hundley

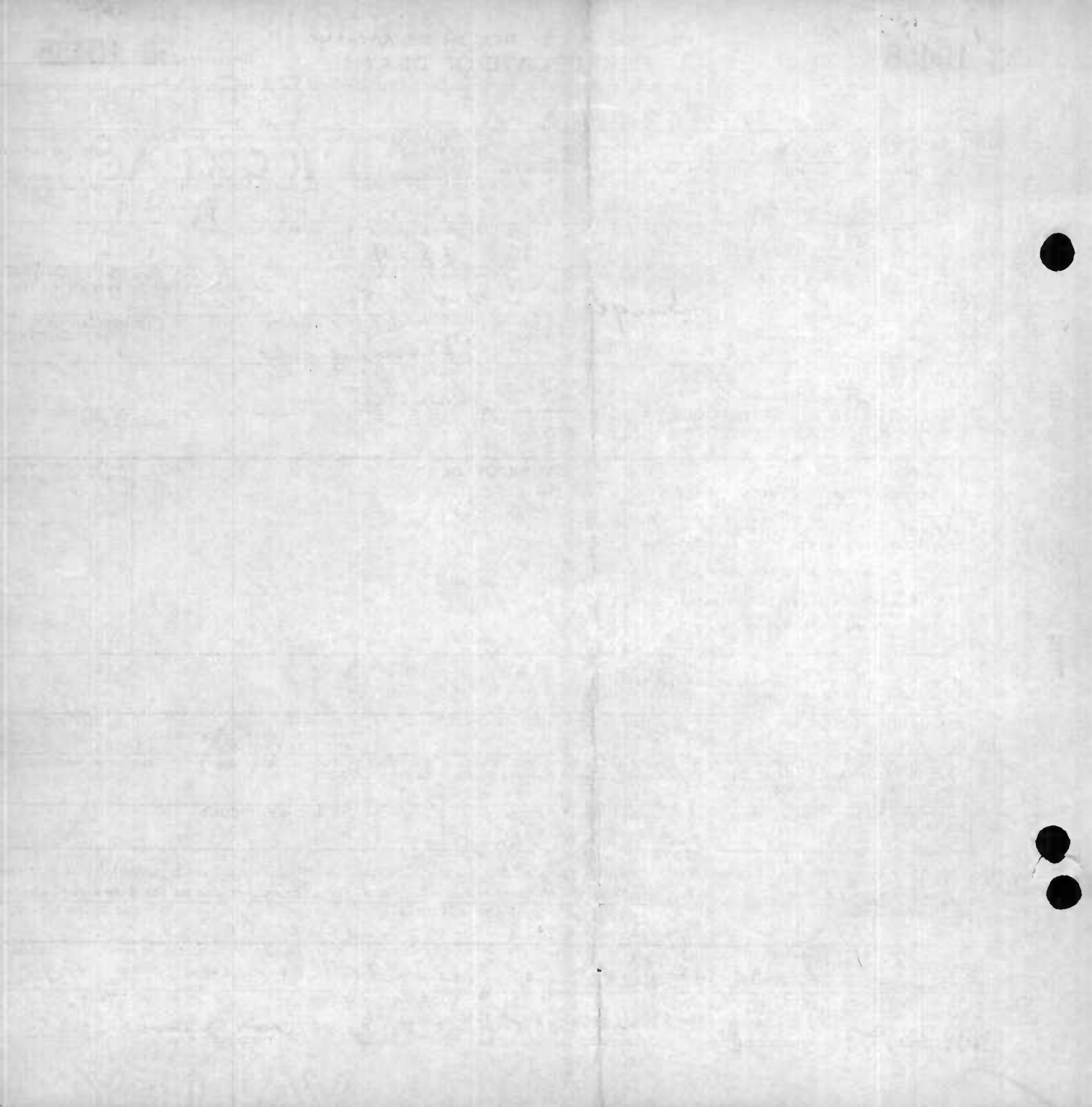
ADDRESS

5784

NOV 28 1953

VS 150

97099



M-460
53 10459BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10459
Registered No.

BIRTH NO.				1. NAME OF DECEASED (Type or Print) George W. Miller				2. DATE OF DEATH November 26, 1953							
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland				B. COUNTY							
B. FULL NAME OF HOSPITAL OR INSTITUTION 1307 W. Fayette Street				C. CITY OR TOWN (If outside corporate limits, write R.U.L. and give township) Baltimore				19-02							
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 1307 W. Fayette Street											
5. SEX male		6. COLOR OR RACE white		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Feb. 22, 1888		9. AGE (In years last birthday) 65		10. Under 1 Year Months: Days		11. Under 24 Hours Hours: Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) meat cutter				10B. KIND OF BUSINESS OR INDUSTRY G. W. Shaffer, Jr.				11. BIRTHPLACE (State or foreign country) Baltimore, Maryland				12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13. FATHER'S NAME Jacob H. Miller				14. MOTHER'S MAIDEN NAME Elizabeth --				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes				16. SOCIAL SECURITY NO. 212-16-2032			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes				16. SOCIAL SECURITY NO. 212-16-2032				17. INFORMANT Roland A. Miller, 1038 Pine Heights Avenue				ADDRESS			
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH				(A) arteriosclerotic heart disease				INTERVAL BETWEEN ONSET AND DEATH ?							
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				(B) Generalized arteriosclerosis											
(C)															
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.															
19A. DATE OF OPERATION				19B. CONDITION FOR WHICH OPERATION WAS PERFORMED				IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)				21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?							
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY				21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21F. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from Nov. 1950 to Nov. 26, 1953 that I last saw the deceased alive on Nov. 25, 1953 , and that death occurred at 9:30 P.M. , from the causes and on the date stated above.															
23A. SIGNATURE Wm B. Shaffer				M. D.				23B. ADDRESS 548 Fulton Ave.				23C. DATE SIGNED 11-27-53			
24A. BURIAL, CREMATION, REMOVAL (Specify) burial				24B. DATE 11/28/53				24C. NAME OF CEMETERY OR CREMATORY Western Cemetery				24D. LOCATION (City, town, or county) (State) Baltimore, Maryland			
DATE RECEIVED BY LOCAL REGISTRAR NOV 28 1953				REGISTRAR'S SIGNATURE Huntington Williams				25. FUNERAL DIRECTOR Wm Cook, Inc.				ADDRESS 1217 St. Paul Street			

George

George

George

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George

D-200

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10460

53 10460

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Sigggs

2. DATE
OF
DEATH

Nov. 24, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Lincoln Convalescent Home

C. CITY OR TOWN (If outside corporate limits, give full name of township)

D. STREET ADDRESS (If rural, give location)

130 N. Red St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 5, 1860

9. AGE (In years
last birthday)

93

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Transfer business, self emp

10B. KIND OF BUSINESS OR
INDUSTRY

Transfer business, self emp

11. BIRTHPLACE (State or foreign country)

Baltimore Co. Md.

12. CITIZEN OF
WHAT COUNTRY?

Baltimore Co. Md.

13. FATHER'S NAME

William Sigggs

14. MOTHER'S MAIDEN NAME

Mary Taylor

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

130 N. Red St.

17. PERFORMANT'S NAME AND ADDRESS

Mrs. Mary Sigggs

18.

331X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) ...

Cerebral Hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

4 days

ANTECEDENT CAUSES

DUE TO

(B) ...

Arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C) ...

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

—

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

—

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1952, to Nov. 21, 1953 that I last saw the
deceased alive on 11/21/1953. and that death occurred at 11 P. m., from the causes and on the date stated above.

23A. SIGNATURE

O. M. Lawrence

23B. ADDRESS

1225 Penna Ave

23C. DATE SIGNED

11/27/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 28, 1953

24C. NAME OF CEMETERY OR CREMATORY

Mt. Zion

24D. LOCATION (City, town, or county) (State)

Baltimore Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 28 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Funeral Home

25. ADDRESS

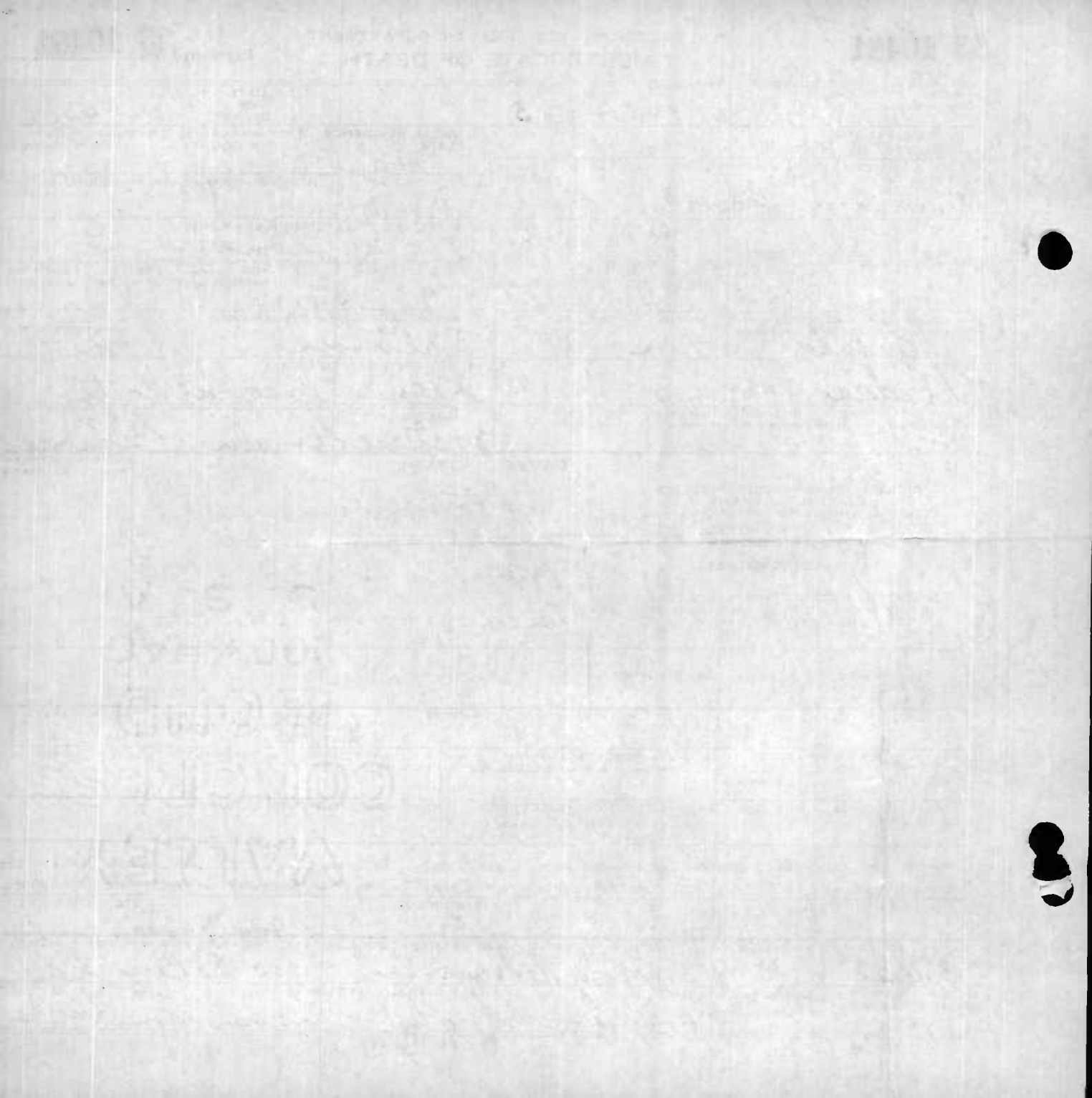
1691 Druid Hill Ave

03001 10

03001 10



A 654 53 10461		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 10461 Registered No.	
BIRTH NO. 57-20902		1. NAME OF DECEASED (Type or Print) RAMUTIS ARMALIS		2. DATE OF DEATH 11-27-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY			
5. FULL NAME OF HOSPITAL OR INSTITUTION UNIVERSITY HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		D. STREET ADDRESS (If rural, give location) 810 W. Lombard St.	
38 Length of stay in Baltimore 2 years.		Yrs. 2 Mos. 0 Days 0			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 9/9/1951	9. AGE (In years, last birthday) 2	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10B. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Baltimore	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Uladas ARMALIS		14. MOTHER'S MAIDEN NAME Gene Kazemekaite			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. -		17. INFORMANT Mrs. Gene Armalis ADDRESS 810 W. Lombard St.	
18. 571.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Septicemia DUE TO				INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Severe anemia DUE TO (C) Drinking, anoxia & dehydration					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 7		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-26 , 19 53 , to 11-27 , 19 53 , that I last saw the deceased alive on 11-27 , 19 53 , and that death occurred at 1234 a.m., from the causes and on the date stated above.					
23A. SIGNATURE Louis M. Sod M.D.		23B. ADDRESS Dr. Sod's Hosp.		23C. DATE SIGNED 11-27-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/30/53		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem	
24D. LOCAT (ON (City, town, or county) (State) 4430 Belair Rd.		24E. DATE RECEIVED BY LOCAL REGISTRAR		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR John J. Cowan & Son		24H. ADDRESS 101 E. 1st St.		24I. DATE OF DEATH 11-27-53	



53 10462

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10462

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Alice L. Gatto		11/27/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
1007 Boyd St.		Baltimore 18-03			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
30 yrs		1007 Boyd St.			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
Male	White	Married	Sept 12, 1879	74	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State of foreign country)	
House work		athome		Somerset, Va.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY	
George Carter		Unknown		US	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
				Mr. Vander L. Gatto 1007 Boyd St.	
18. CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)					
(A) coronary insufficiency					
DUE TO					
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
(B) arterio-sclerotic cardio-vascular disease					
DUE TO					
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
no					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
0					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
		m. WHILE AT WORK NOT WHILE AT WORK			
22. I hereby certify that I attended the deceased from 1943 to 11/27, 1953, that I last saw the deceased alive on 11/27, 1953, and that death occurred at 8 a.m. from the causes and on the date stated above					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Benjamin Miller MD		203 Williams St		11/27/53	
24A. BURIAL, CREMATION, REMOVE (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		11/30/53		Mt Olivet Bury 2930 Fred Ave	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
NOV 28 1953		Huntington Williams, MD		J. B. Davidson 9012 Hollins	

SABOT 20

SABOT 20



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53 10463

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10463

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALBERTA HAMPT

2. DATE
OF
DEATH

Nov. 27, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION 2503 W. FAIRMOUNT AVE.

C. CITY OR TOWN

BALTIMORE 20-02

D. STREET ADDRESS (If rural, give location)

2503 W. FAIRMOUNT AVE.

c. Length of stay in Baltimore

15 yrs.

5. SEX

FEMALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov. 24, 1871

9. AGE (In years
last birthday)

82

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOSPITAL ATTENDANT

10B. KIND OF BUSINESS OR
INDUSTRY

TRAINING SCHOOL

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

CULLISON

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

RUSSELL E. HAMPT 4540 Keswick Rd. (10)

18.

151X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Carcinoma, gastric

INTERVAL BETWEEN
ONSET AND DEATH

1 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1952 to Nov 1953, that I last saw the
deceased alive on 25 Nov, 1953 and that death occurred at 9:50 AM., from the causes and on the date stated above.

23A. SIGNATURE

H. H. Bayless

M. D.

23B. ADDRESS

1600 Williams Ave

23C. DATE SIGNED

27 Nov 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial Nov. 29, 1953

TRENTON LUTHERAN CH.

REISTERSTOWN Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 28 1953

Huntington Hall, Md.

O. A. Schwalb

3512 Frederick Ave. (29)

30101 02

30101 02

NOT A MEDICAL EXAMINER'S CASE

R. S. Fisher

M.D.

CHIEF OF ASST. MEDICAL EXAMINER

3 10465

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10465
Registered No.

1. NAME OF DECEASED (Type or Print) Leicht, Adam			2. DATE OF DEATH November 26, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 70 yr.			D. STREET ADDRESS (If rural, give location) 1739 N. Caroline Street		
5. SEX M.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 23, 1868		9. AGE (in years, last birthday) 85 yr
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Handyman			10B. KIND OF BUSINESS OR INDUSTRY retired		11. BIRTHPLACE (State or foreign country) Pennsylvania
13. FATHER'S NAME Philip Leicht			14. MOTHER'S MAIDEN NAME Henrietta Schaeffer		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none		
17. INFORMANT Mrs. Margaret Leicht			ADDRESS 1739 N. Caroline St. -13		

18. F900.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Possible fracture of skull DUE TO (B) Craniocerebral injury DUE TO (C) Generalized arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH		
19. DATE OF OPERATION 0			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		
21C. WHERE DID INJURY OCCUR? 1739 N. Caroline Street			21D. TIME (Month) (Day) (Year) (Hour) November 26, 1953 m.		
21E. INJURY OCCURRED Fell down cellar steps			21F. HOW DID INJURY OCCUR? Fell down cellar steps		
22A. SIGNATURE William D. Lazaro			22B. ADDRESS 1100 N. Caroline Street		
22C. DATE SIGNED Nov. 26, 1953			22D. LOCATION (City, town, or county) (State) Baltimore Md.		
23A. SIGNATURE Huntington Williams, M.D.			23B. ADDRESS WILLIAM SANDER & SONS, INC. Baltimore Md.		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE Nov. 30, 1953		
24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery			24D. LOCATION (City, town, or county) (State) Baltimore Md.		

N-803.0

Scott Bunker

INVESTIGATION OF DEATH

10-10-67

Name of Deceased		Date of Death	
Place of Death		Time of Death	
Cause of Death		Manner of Death	
Medical History		Previous Illnesses	
Toxicology		Alcohol	
Forensic Pathology		Autopsy	
Witnesses		Investigator	
Signature		Signature	
Date		Date	

W-655

53 10466

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10466

1. NAME OF DECEASED
(Type or Print)

AUSUST W. WEHRMANN

2. DATE
OF
DEATH

Nov. 26, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1619 Darley Avenue

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widower

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE Maryland

B. COUNTY

before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1619 Darley Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

Feb. 9, 1893

9. AGE (In years

last birthday)

60

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR

INDUSTRY

Clerk

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF

WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Oscar Wehrmann

14. MOTHER'S MAIDEN NAME

Amelia Ludtke

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

Yes, no or unknown)

(If yes, give war or dates of service)

Yes

World War I

16. SOCIAL

SECURITY NO.

217-03-8558

17. INFORMANT ADDRESS

Mr. William Wehrmann

18. 151 X

CAUSE OF DEATH

1619 Darley Avenue

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma of Esophagus

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

Metastatic Carcinoma of Stomach

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

July 1953

Squamous Cell Carcinoma of Esophagus

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐I hereby certify that I attended the deceased from Sept. 12, 1953, to Nov. 26, 1953, that I last saw the
deceased alive on Nov. 25, 1953, and that death occurred at 11 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1331 E. North Ave

11-27-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Nov. 30, 1953

Loudon Park Cemetery

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 28 1953

Huntington Williams, M.D.

0 4 6

H. SANDER & SONS, INC.

Baltimore, Maryland

VS 150

39099

Sey F. Sander

3000

STATE OF DEATH

3000



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 10467

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

VINCENT A. MAY (or Maggio)

2. DATE

OF

DEATH 11/26/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

Balto.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

US Public Health Service

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

4714 Liberty Heights Ave.

c. Length of stay in Baltimore

yrs.

Yrs.

Mos.

Days

5. SEX

m

6. COLOR OR RACE

w

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

mar

8. DATE OF BIRTH

9/27/90

9. AGE (In years

last birthday)

63

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

MEDICAL CERTIFICATION

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Transitional cell carcinoma

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

left nasopharynx with metastases to

cervical lymph nodes, left, and

associated soft tissue, with abscess formation

left side of neck.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

WORK ☐

NOT WHILE

AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/14/53, 19, to 11/26, 1953, that I last saw the deceased alive on 11/26, 1953, and that death occurred at 11:30 a.m., from the causes and on the date stated above

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

USPHS Balto., Md.

11/26/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/30/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 28 1953

Huntington Williams, Jr.

Wm. B. Pickner & Sons

VS 150

52364

Balto. 17, Md.

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

See query reply in Document file.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 10468****K-523**
53 10468
BIRTH NO.1. NAME OF DECEASED
(Type or Print)*Julius C. Knight*2. DATE
OF
DEATH*11-27-1953*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)*ST. Agnes Hospital*

C. CITY OR TOWN (If outside corporate limits, write R.R. and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

719 Winans Way

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

no

*Mrs. Pauline K. Knight-719 Winans Way*18. *443X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) *Cerebral Hemorrhage*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Hypertensive Cardiovascular disease*

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *11-20*, 19*53* to *11-27*, 19*53*, that I last saw the
deceased alive on *11-27*, 19*53*, and that death occurred at *3* P.m., from the causes and on the date stated above.

23A. SIGNATURE

William Calvin Lugo

M.D.

23B. ADDRESS

St. Agnes Hosp

23C. DATE SIGNED

*11-27-53*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

11/30/53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

*Balto., Md.*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*NOV 28 1953**Huntington-Wallace, Md.**Wm. J. Tucker & Sons*

1941-42

1941-42

1941-42

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1941-42

1941-42



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 10469****53 10469**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**ANNA RULE**2. DATE
OF DEATH **Nov. 28, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland** B. COUNTY **none**B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION **704 Gorsuch Avenue**C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

C. Length of stay in Baltimore

36 Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

704 Gorsuch Avenue

5. SEX

female

6. COLOR OR RACE

white7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

April 23, 1858

9. AGE (in years last birthday)

95

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Latvia12. CITIZEN OF WHAT COUNTRY?
U. S.

13. FATHER'S NAME

----- Preed

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Miss Selma Rule

ADDRESS

704 Gorsuch Ave.18. **334X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Arteriosclerosis

Years

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

Arteriosclerotic Cerebro-Vascular disease

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

M. WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May**, 1950, to **November 28**, 1953, that I last saw the deceased alive on **November 26**, 1953, and that death occurred at **3:00 a. m.**, from the causes and on the date stated above.

23A. SIGNATURE

McLeland Edward Day

M. D.

23B. ADDRESS

**4-E-33051-(office)
3424 Guilford Terrace**

23C. DATE SIGNED

11-28-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11 - 30 - 53

24C. NAME OF CEMETERY OR CREMATORY

Arlington

24D. LOCATION (City, town, or county) (State)

Phila., Pa.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

John O. Mitchell & Sons, Inc.-1900 Eutaw Pl.

ADDRESS

NOV 28 1953

VS 150

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M-624
53 10470BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10470

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Kimball
CHARLES MARSHALL, Jr.2. DATE
OF
DEATH Nov. 27, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

24 Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Nov. 25, 1903, 350

9. AGE (In years
last birthday)If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Copy Reader

10B. KIND OF BUSINESS OR
INDUSTRY

Balto. News-Post

11. BIRTHPLACE (State or foreign country)

Greenwood, Miss.

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Charles K. Marshall

14. MOTHER'S MAIDEN NAME

Saida Keesler

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Catherine Cox Marshall-1205 Linden Ave.

18. E 900.6

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Subdural hemorrhage

DUE TO

ANTECEDENT CAUSES

(B) Cerebral edema

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Cirrhosis of liver

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

steps-outside

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Sun Building - Calvert & Centre Sts.

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

Nov. 25, 1953

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☒

21F. HOW DID INJURY OCCUR?

Apparently fell on the steps

I certify that I took charge of the remains described above, held an autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☒
M.D. MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
Nov. 27, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11 - 29 - 53

24C. NAME OF CEMETERY OR CREMATORY

Hollywood

24D. LOCATION (City, town, or county)

Gastonia, N. C.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 28 1953

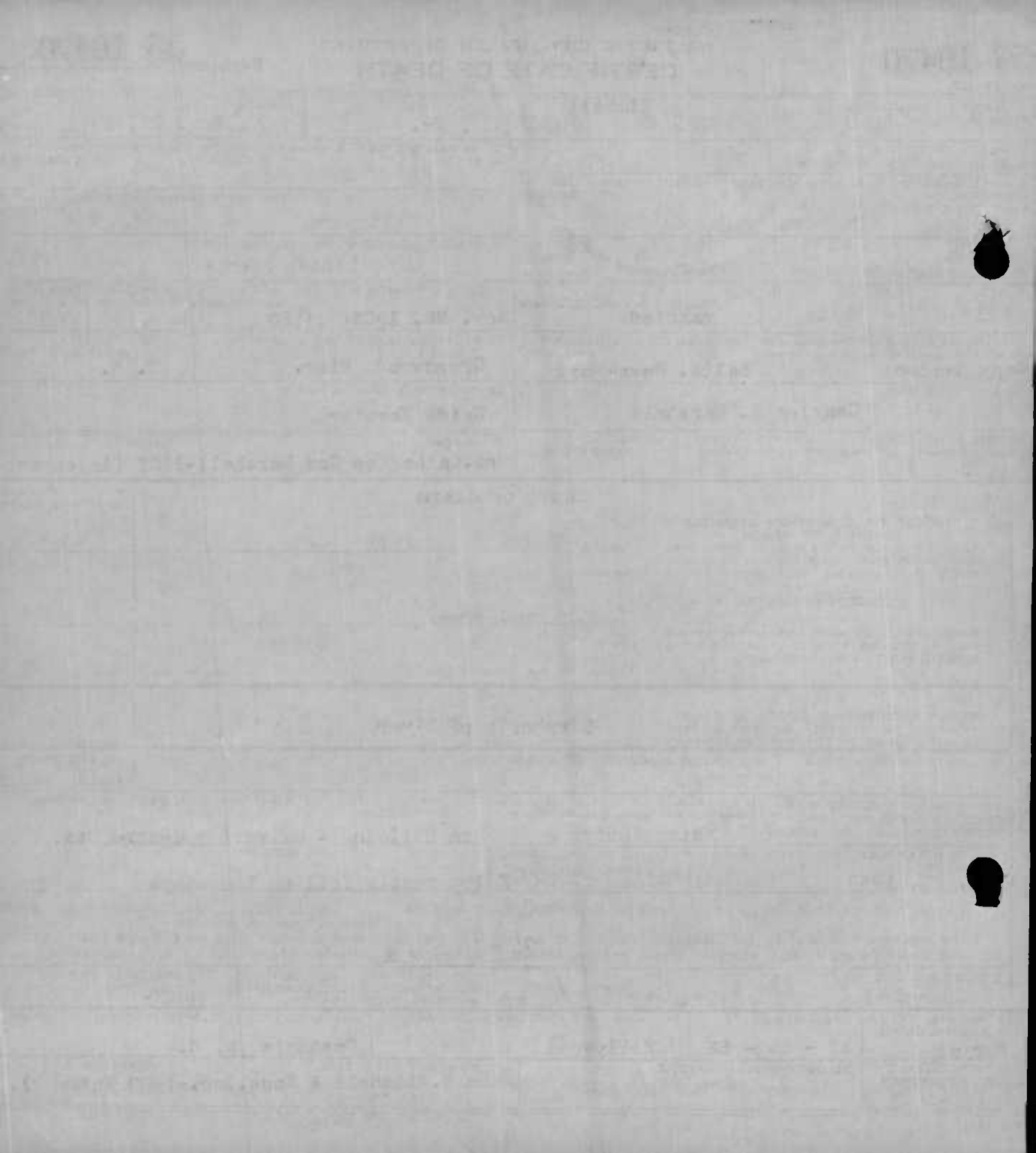
Huntington Williams, M.D. John O. Mitchell & Sons, Inc.-1900 Eutaw Pl.

VS 151

N-854.0

390 44

M B Mitchell



T-200

53 10471

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10471

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George C. Jaecksch

2. DATE
OF
DEATH

Nov. 27, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

211 N. Kenwood Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

Balto.

C. CITY OR TOWN

(If outside corporate limits, with RURAL and give township)

Baltimore.

D. STREET ADDRESS (If rural, give location)

211 N. Kenwood Ave.

5. Length of stay in Baltimore Life

Yrs.
Mos.
Days

6. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Bookkeeper

10B. KIND OF BUSINESS OR
INDUSTRY

Md Bolt & Nut Co.

9. FATHER'S NAME

Anthony Jaecksch

10. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or date of service)

es, no or unknown)

// // //

16. SOCIAL
SECURITY NO.

212-03-9352

17. INFORMANT

ADDRESS

Ave.

Mrs. Carrie Jaecksch 211 N. Kenwood

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) ...
DUE TO

Coronary Thrombosis

2 wks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) ...
DUE TO

Atherosclerosis

?

(C) ...

Diabetes Mellitus

?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 1945, 19, to 11/27, 1953, that I last saw the
deceased alive on 11/27, 1953, and that death occurred at 5:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

L. J. Klimes

M. D.

2623 E. Monument St.

11/27/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11-30-53

Holy Redeemer

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

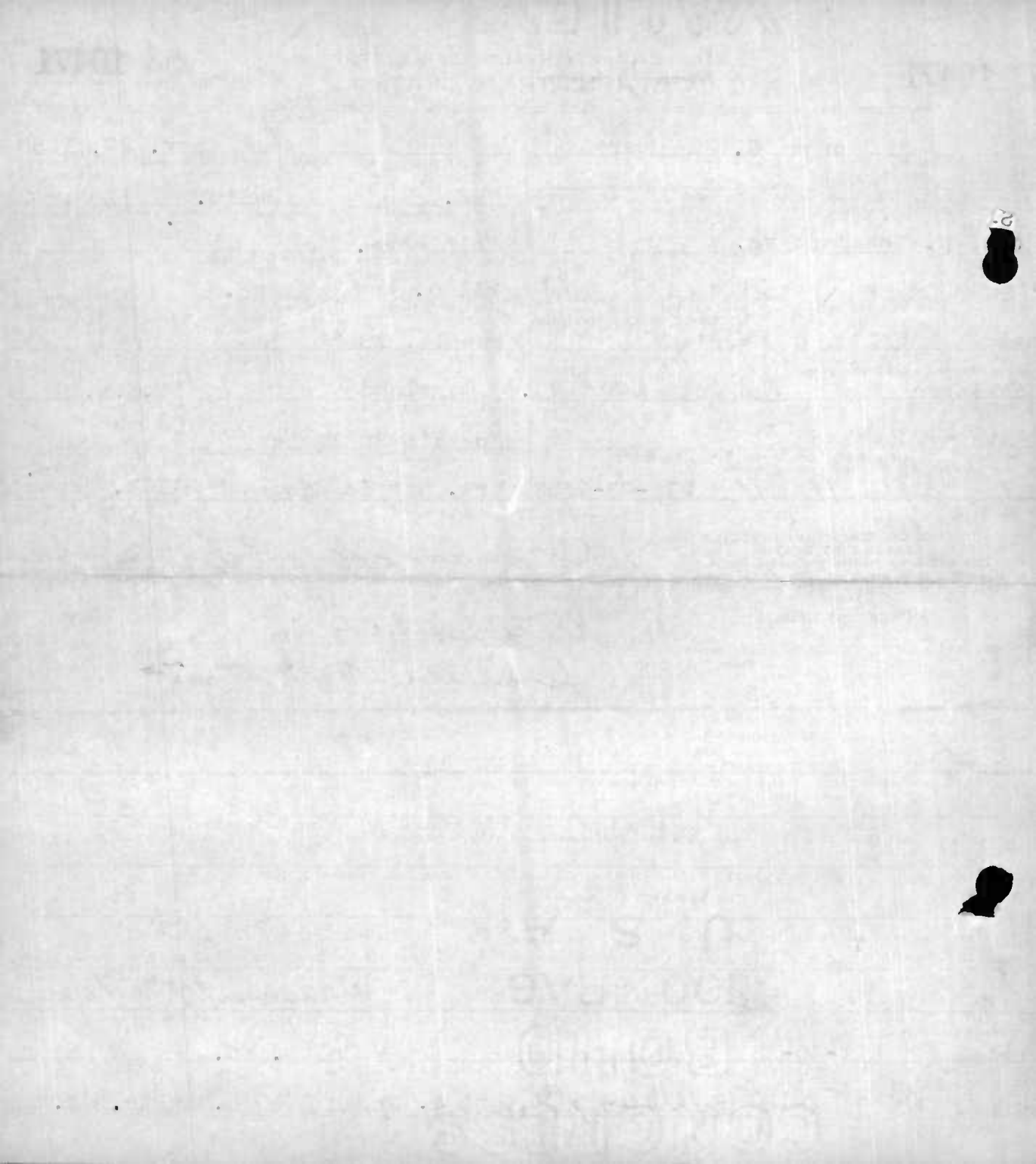
ADDRESS

NOV 28 1953

Huntington, William, Jr.

John A. Moran 3000 E. Balto. St.

3103D



PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered **53 10472**

1. NAME OF DECEASED (Type or Print) STEVE ORFANS		2. DATE OF DEATH 11-26-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto Md		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto Md 20-02	
C. Length of stay in Baltimore Hospital		D. STREET ADDRESS (If rural, give location) 2101 Edmondson Ave	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH L
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10B. KIND OF BUSINESS OR INDUSTRY Restaurant	9. AGE (In years last birthday) 65 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. FATHER'S NAME John		11. BIRTHPLACE (State or foreign country) Turkey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) L (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? ✓	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Montafis	
17. INFORMANT, ADDRESS Pantelis Pantagos, 9.3231 Mass Ave			
18. CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 332X CEREBRAL SOFTENING (A) DUE TO			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. BRONCHOPNEUMONIA (B) DUE TO (C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. RECENT SURGICAL TREPHINES			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an AUTOPSY thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE Joseph A. Jarvin M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED 11-26-53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-28-53	
24C. NAME OF CEMETERY OR CREMATORY Greek Cemetery		24D. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 28 1953		25. FUNERAL DIRECTOR ADDRESS Huntington Williams, North Avenue funeral Home Inc	

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C-140

53 10473

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

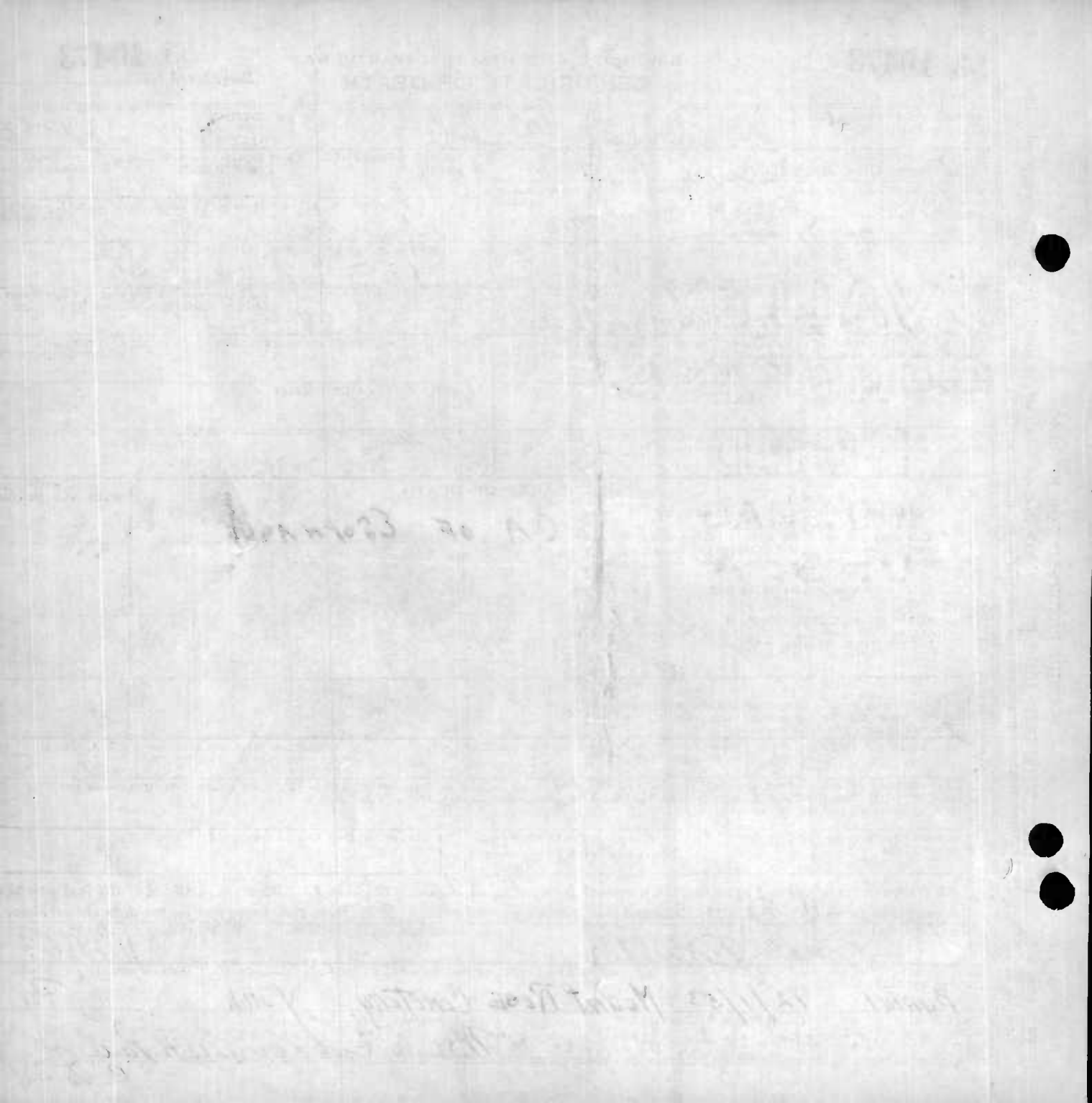
53 10473

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Willis Gable</i>		2. DATE OF DEATH <i>Nov. 28, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Surge Hal 6</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Pa</i>		B. COUNTY <i>V-35</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN <i>York</i>		If outside corporate limits, write RURAL and give township)	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>133 Edgar St</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>4-6-99</i>	9. AGE (In years last birthday) <i>54</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	

18. <i>150X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) <i>CA OF ESOPHAGUS</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>11-17</i> , 19 <i>53</i> to <i>11-28</i> , 19 <i>53</i> that I last saw the deceased alive on <i>11-28</i> , 19 <i>53</i> and that death occurred at <i>8:04 a.m.</i> from the causes and on the date stated above.							
23A. SIGNATURE <i>Donald J. Mulder</i> M. D.				23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>11/28/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12/1/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>MOUNT ROSE CEMETERY</i>		24D. LOCATION (City, town, or county) (State) <i>YORK Pa.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 29 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington</i>		25. FUNERAL DIRECTOR <i>W. H. Bock Inc.</i>		ADDRESS <i>1217 H. Paul St. Balto Md.</i>	



F-450 K460
53 10474BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10474
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Roland M. Fuller (ROLAND M. FULLER)

2. DATE

OF

DEATH

November 27, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

BALTO.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Essex

D. STREET ADDRESS (If rural, give location)

Box 119 Haller Neck Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years, last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

006-20-9258

JOHNS HOPKINS HOSPITAL

18.

289.2

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Idiopathic Paralytic Myoglobinuria (familial)

7 days

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 11-24, 1953, to 11-27, 1953, that I last saw the deceased alive on 11-27, 1953, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Lawrence L. Lued

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 29 1953

Huntington Williams

John S. Connelly Corp

See Autopsy No 24736 in Document file.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. **53 10475**CCG-176142
53 10475

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Catherine*
Mary C. Johnson2. DATE
OF
DEATH**11-27, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE **Baltimore City Hospitals**
4940 Eastern, Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1832 E. Fayette, St 31

c. Length of stay in Baltimore

14 yrsYrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

2-17-1903

9. AGE (In years last birthday)

50

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11 10

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Maid

10B. KIND OF BUSINESS OR INDUSTRY

John Hopkins Hospital

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

US

13. FATHER'S NAME

Willie Johnson

14. MOTHER'S MAIDEN NAME

Jane Belknap **Evans (d)**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

B. C. H. 4940 Eastern, Ave

ADDRESS

18.

170X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Carcinoma of Right Breast**

DUE TO

ANTECEDENT CAUSES

(B) **Metastasis of Liver and Lung**

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10-29-53**, 19__, to **11-27-53**, 19__, that I last saw the deceased alive on **11-27-**, 19**53**, and that death occurred at **1:36a.m.**, from the causes and on the date stated above.

23A. SIGNATURE

John H. Jones

M. D.

23B. ADDRESS

4940 Eastern, Ave. Balto. Md.

23C. DATE SIGNED

11-27-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/1/53

24C. NAME OF CEMETERY OR CREMATORY

Forest Hill

24D. LOCATION (City, town, or county)

Forest Hill Md

(State)

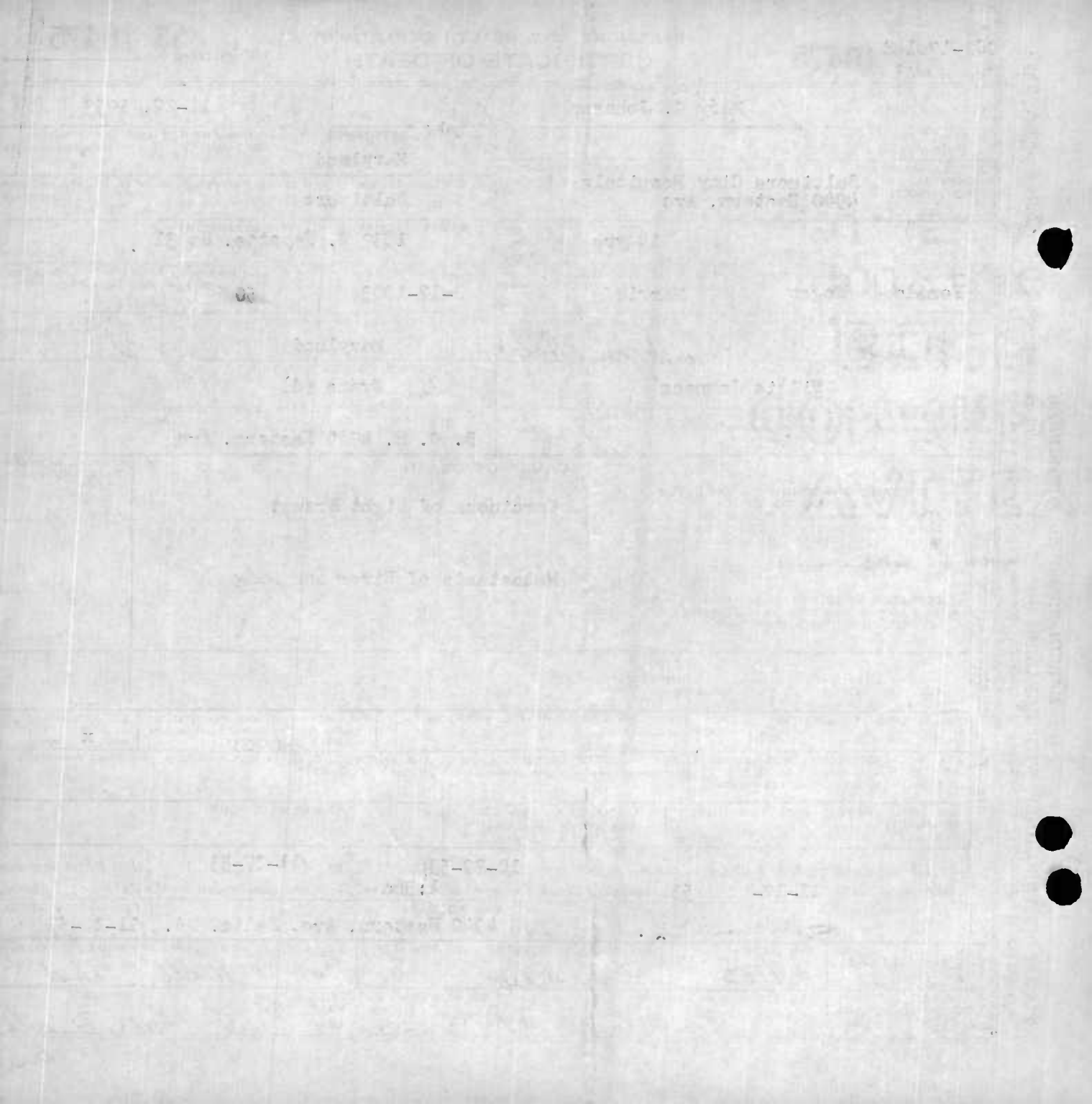
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 29 1953*William H. Jones**Charles E. Furr*



S-260
53 10476

SHAWKER

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10476
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary A. Shawker

2. DATE
OF
DEATH

11/27/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MD

21-02

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Mary Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore #23

D. STREET ADDRESS (If rural, give location)

1105 Bayard St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE MARRIED.
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9/15/90

9. AGE (In years
last birthday)

63

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

DOMESTIC

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Harison Woolford

14. MOTHER'S MAIDEN NAME

Amelia Steinbock

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NONE

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

WALTER SHAWKER 1105 BAYARD ST.

18.

170X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Generalized Carcinoma

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Carcinoma of Breast

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

M. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/17/53, 19, to 11/27/53, 19, that I last saw the
deceased alive on 11/27/53, 19, and that death occurred at 8:25 AM, from the causes and on the date stated above.

23A. SIGNATURE

Donald S. Carter

M. D.

23B. ADDRESS

Theresa Hooper

23C. DATE SIGNED

11/27/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-30-53

24C. NAME OF CEMETERY OR CREMATORY

London PARK

24D. LOCATION (City, town, or county)

BALTIMORE, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

George L. Schwab

25. FUNERAL DIRECTOR

ADDRESS

2101 Frederick Ave

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10477
Registered No. _____53 10477
BIRTH NO. 52-23509

1. NAME OF DECEASED (Type or Print) JAMES D. JONES		2. DATE OF DEATH Nov. 27, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 1611 E. Lanvale St.	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Sept 13 - 1952
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 14 mos.
13. FATHER'S NAME Leroy Jones		11. BIRTHPLACE (State or foreign country) Balto. Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Delores Roberts	
17. INFORMANT Leroy Jones - 1611 E. Lanvale St.		ADDRESS	
18. CAUSE OF DEATH 492x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Interstitial pneumonitis (A) _____ DUE TO ANTECEDENT CAUSES (B) _____ DUE TO (C) _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE Joseph P. Jachimowicz		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED Nov. 27, 1953			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 30 1953	
24C. NAME OF CEMETERY OR CREMATORY Mt. Airburn		24D. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR Nov 29 1953		25. FUNERAL DIRECTOR Emil J. Moore - 519 Mosher St.	

MEDICAL CERTIFICATION

1917

DEPARTMENT OF HEALTH AND
CHARITABLE ORGANIZATIONS

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10478
Registered No.

BIRTH NO.			53 10478		
1. NAME OF DECEASED (Type or Print) <i>Friedman, Sidney</i>			2. DATE OF DEATH <i>11-27-53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto.</i>			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Balto.</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Sinai</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>		
c. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>3533 Liberty Heights Ave</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>10/8/1920</i>	9. AGE (in years; last birthday) <i>33</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Merchant</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Hardware</i>		
11. BIRTHPLACE (State or foreign country) <i>Balto. Md</i>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>Albert Louis Friedman</i>			14. MOTHER'S MAIDEN NAME <i>Rae</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, never unknown) <i>YES</i> (If yes, give war or dates of service) <i>II</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Harry Fretzer - 3922 Bedardale Rd</i>			ADDRESS		
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>cardiac arrest</i>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>coronary occlusion</i>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>↑</i>		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11-17</i> , 19 <i>53</i> to <i>11-27</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>11-17</i> , 19 <i>53</i> , and that death occurred at <i>5:48</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Robert A. Ireland</i>		23B. ADDRESS <i>Sinai Hospital</i>		23C. DATE SIGNED <i>11-27-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11/29/1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Washington Rd.</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>		24E. FUNERAL DIRECTOR <i>Huntington Williams, Jr.</i>		24F. ADDRESS <i>2100 Eutaw Pl</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 29 1953</i>					

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85101 23

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R-255
53 10479BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10479
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Richman, Jack

2. DATE
OF
DEATH

11/27/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

42 Sinai

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MARYLAND B. COUNTY Balt.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 26-09

D. STREET ADDRESS (If rural, give location)

407 S. Conkling Str.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

7/18/09

9. AGE (In years
last birthday)

44

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Selling Auto Parts

10B. KIND OF BUSINESS OR
INDUSTRY

Auto Supply Co.

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Max

14. MOTHER'S MAIDEN NAME

Sophia

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Ruth Richman - Same

18. 199.9

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) UREMIA

DUE TO FAR ADVANCED RENAL
INSUFFICIENCY

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) CARCINOMATOSIS
(C)INTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/25, 1953 to 11/27, 1953, that I last saw the
deceased alive on 11-27, 1953 and that death occurred at 10⁰⁰ m., from the causes and on the date stated above.

23A. SIGNATURE

Horton Lee, Jr. for Dr. Antonio Tiorqson

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

11/29/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11-29-53

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county) (State)

Balto Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. Jack Lewin 2100 Eutaw

25. FUNERAL DIRECTOR

ADDRESS

NOV 29 1953
VS 150

4906J

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

01101 32

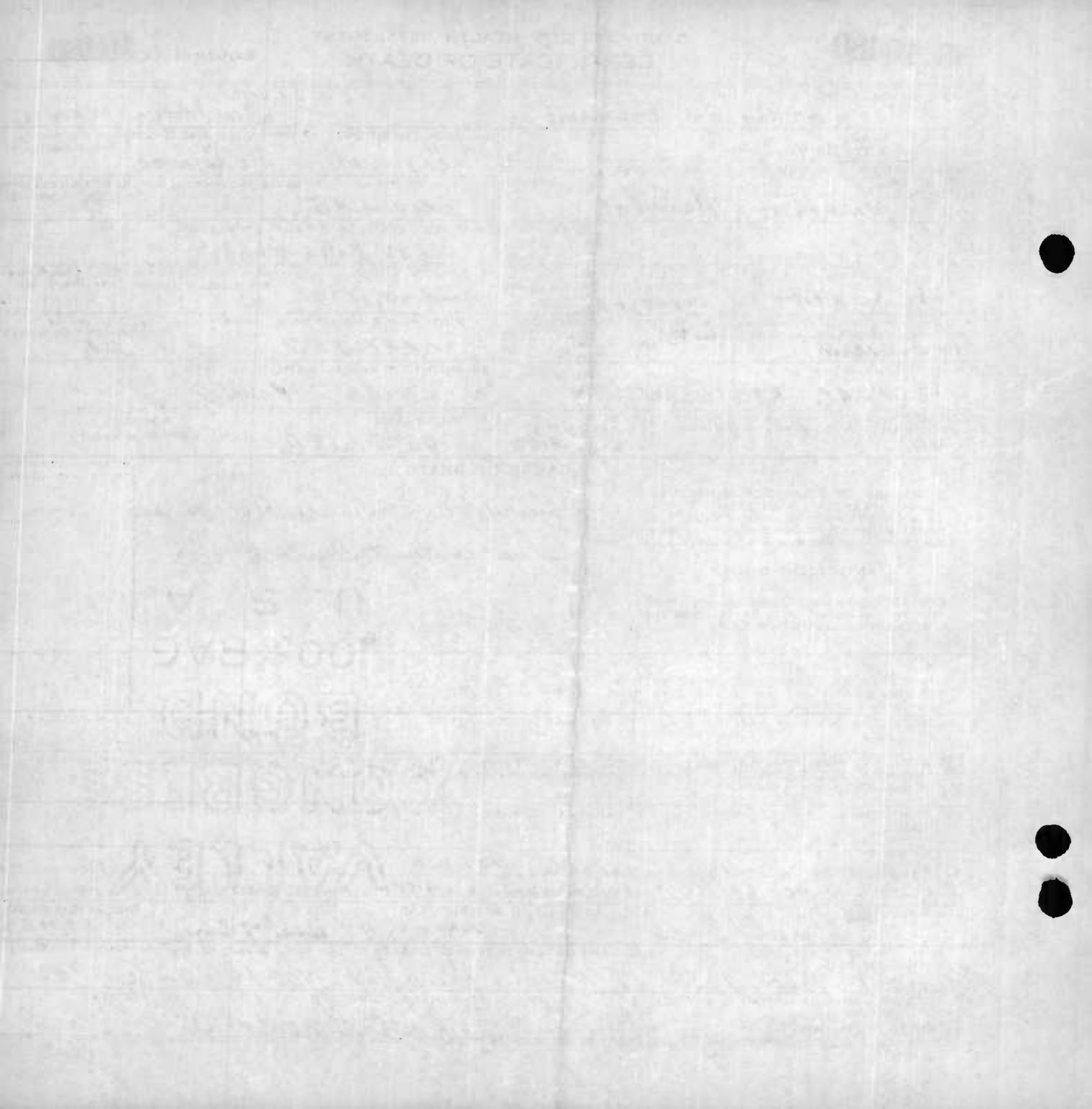
01101 32



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 10480A-325
53 10480
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Atkinson, Leonard			2. DATE OF DEATH November 28, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE, 11 13-06		
C. Length of stay in Baltimore 60 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3531 Falls Road		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH March 20, 1893	9. AGE (In years, last birthday) 60	10. Under 1 Year Months: Days 8
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) POLICEMAN		10B. KIND OF BUSINESS OR INDUSTRY CITY POLICE	11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME EDWARD ATKINSON			14. MOTHER'S MAIDEN NAME LAURA YOUNG		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 216-30-8170	17. INFORMANT ADDRESS DECEASED (given above)		

18. 073X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Syphilitic cardiovascular disease 21 yrs DUE TO Leser contracted about 1932 (B) _____ DUE TO _____ (C) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONOITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from NOV. 26, 1953 , to NOV. 28, 1953 , that I last saw the deceased alive on NOV. 28, 1953 , and that death occurred at 4:50 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE James L. Read		23B. ADDRESS UNIVERSITY HOSPITAL		23C. DATE SIGNED NOV. 28, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec 1, 1953		24C. NAME OF CEMETERY OR CREMATORY St. Mary's Hampden	
24D. LOCATION (City, town, or county) (State) 3900 Roland Ave Md		24E. DATE RECEIVED BY LOCAL REGISTRAR NOV 29 1953		24F. REGISTRAR'S SIGNATURE William J. Hunter	
24G. FUNERAL DIRECTOR Charles E. Donovan		24H. ADDRESS 3818 Roland Ave		24I. SIGNATURE 77393	



4-630
53 10481BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10481
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		VALENTINE HOWARD		2. DATE OF DEATH Nov. 27, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Morgue				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-05	
C. Length of stay in Baltimore Life Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 3005 Elm Avenue	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH Jan 7, 1905	9. AGE (In years last birthday) 48
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY ?		11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME James G. Howard.				14. MOTHER'S MAIDEN NAME Emma E. Evans.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS James G. Howard, 3982 Elm Ave/	

18. 581.0 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
CAUSE OF DEATH
(A) Fatty metamorphosis of liver

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☒23C. DATE SIGNED
Nov. 27, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Nov 30/53

Poplar

Balto Co, Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 29 1953

Huntington

Arthur E. Donovan 3818 Roland Ave

CERTIFICATE OF DEATH

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

(4) W-325
53 10482

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10482
Registered No.

1. PLACE OF DEATH:

- (a) Baltimore City, Maryland
(b) Street address: 1641 Woodbourne Ave.
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

- (a) State: Md (b) County: —
(c) City or town: Baltimore 27-09
(If outside city or town limits, write RURAL and give town)
(d) Street No.: 1641 Woodbourne Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3 (a) FULL NAME

Robert D. Watson

3 (b) If veteran, name war

No

3 (c) Social Security Account

No.

4. Sex: Male 5. Color or race: White 6 (a) Single, married, widowed, or divorced: Widower

- 6 (b) Name of husband or wife: Late Helen Bruce
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 05-15-1883

8. AGE: Years: 70 Months: 1 Days: 22 If less than one day hr. min.

9. Birthplace: Odenton, Md.
(Town, county, and state)

10. Usual Occupation: Boiler maker

11. Industry or business: Rail road (B+O)

12. Name: Lydia Watson

13. Birthplace: Odenton, Md.

14. Maiden Name: Lydia

15. Birthplace:

- 16 (a) Informant: William F. Watson

- (b) Address: 116 Spencerville Rd. Lenth Heights

- 17 (a) Burial (b) Date thereof: Nov. 30/53
(Burial, cremation, or removal) (month) (day) (year)

- (c) Cemetery or crematory: London, Dk.
Location: Balto. Md.

- 18 (a) Funeral director: Harry A. Winkle

- (b) Address: 4101 E. Amundson Ave.

- 19 (a) (Date rec'd by registrar): NOV 29 1953

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 27th 1953, at 6:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1951, to present 1953, and that I last saw him alive on 19

- Immediate cause of death: 1/20/1

- Due to: Coronary thrombosis

- Due to: Hypertension, Cardiac muscle disease

- Other Conditions: Chronic disease

- (Include pregnancy within 3 months of death)

- Date of operation: No

- Major findings of operation:

- of autopsy:

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide

- (b) Date of occurrence: at M

- (c) Where did injury occur? (City or town) (County) (State)

- (d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

- (e) Means of injury:

23. Signature: E. P. J. Smith M. D.

- Address: 1014 St Paul St. Date signed: 11/27/53

Duration: 700 minutes
PHYSICIAN: Underline the cause to which death should be charged statistically.

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE

cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

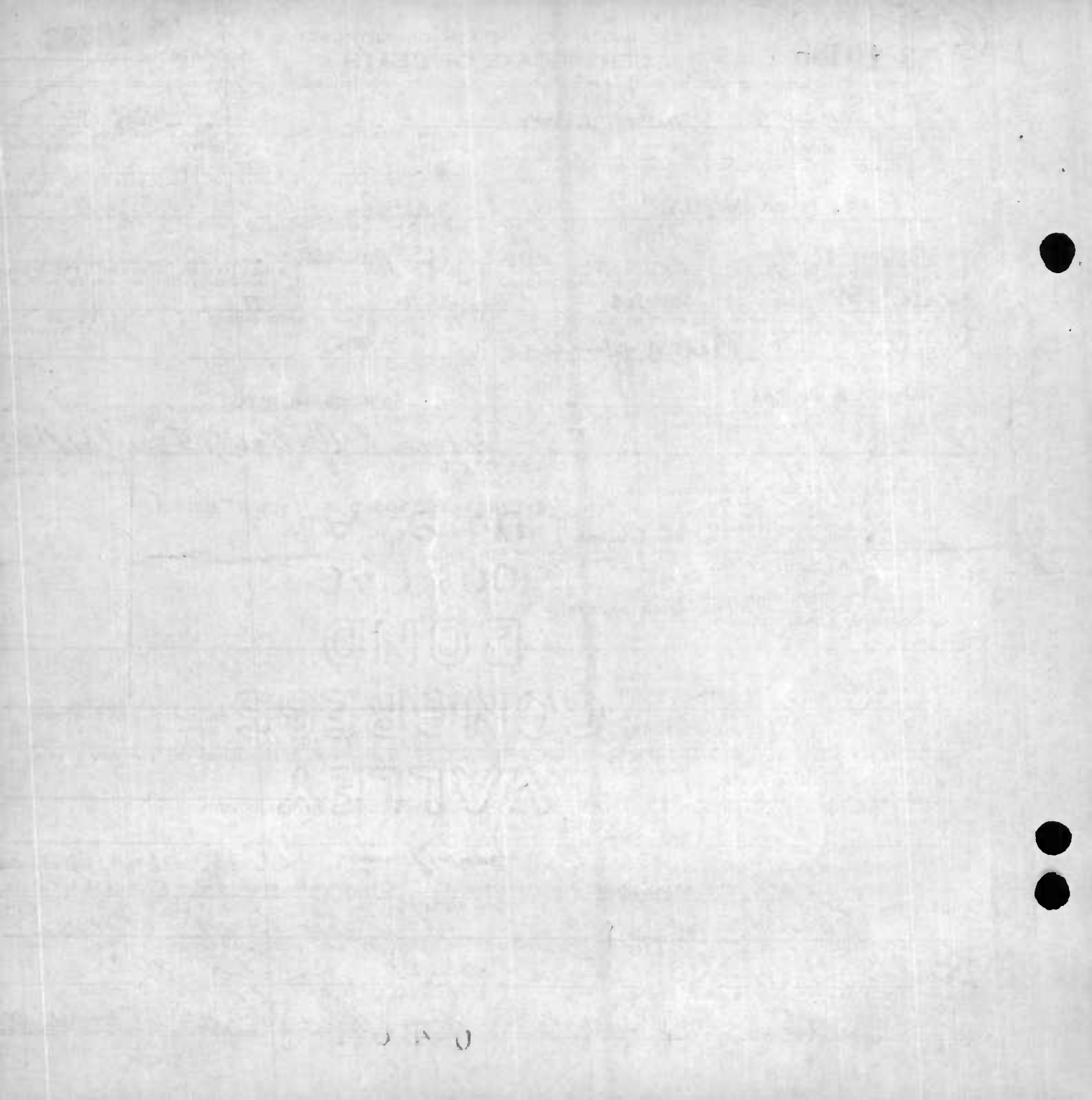
DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see **PHYSICIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION** issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				53 10483 Registered No.	
1. NAME OF DECEASED (Type or Print) SPILLNER <i>J.G. Louise Spillner</i>				2. DATE OF DEATH <i>Nov 28, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Agnes Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore <i>CATONSVILLE</i>	
C. Length of stay in Baltimore 77 Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 115 Fairfield Dr. #28	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-15-76	9. AGE (In years last birthday) 77	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work if not during most of working life, even if retired) W. W.			10B. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) MD.
13. FATHER'S NAME Valentine Henkel			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If Yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Ferdinand Spillner			ADDRESS 115 Fairfield Dr		
18. 443X CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ARTERIOSCLEROSIS + HYPERTENSION - DUE TO CARDIO-VASC. DIS.					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. SENILITY					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED M. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 4, 1953 , to Nov 28, 1953 , that I last saw the deceased alive on Nov. 28, 1953 , and that death occurred at 1200 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE John D. Dunbar		23B. ADDRESS St Agnes Hosp		23C. DATE SIGNED Nov 28, 53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 2/53		24C. NAME OF CEMETERY OR CREMATORY Landon Pl.	
24D. LOCATION (City, town, or county) Balto. Md		24E. LOCATION (City, town, or county) Balto. Md		24F. LOCATION (City, town, or county) Balto. Md	
DATE RECEIVED BY LOCAL REGISTRAR NOV 29 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Harry F. Smith	
VS 150		ADDRESS 4101 Edmondson		ADDRESS 4101 Edmondson	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10484

Registered No.

② G-462
53 10484
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Salvatore Glorioso			2. DATE OF DEATH 11-27-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 22-02		
c. Length of stay in Baltimore 50 years			D. STREET ADDRESS (If rural, give location) 696 Washington Blvd, Zone 30		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 12-6-78	9. AGE (In years last birthday) 74	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Italy
13. FATHER'S NAME Joseph Glorioso			14. MOTHER'S MAIDEN NAME Concetta Brocato		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Unknown			16. SOCIAL SECURITY NO.		
17. INFORMANT Joseph Provenz (nephew)			ADDRESS 1210 Cleveland St		

18. **420.1 and 008X**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) **Hypertensive cardiovascular disease, with probable myocardial infarction, pulmonary embolus, acute gastric dilatation, ventricular fibrillation.**

INTERVAL BETWEEN ONSET AND DEATH

unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Possible TBC, peptic ulcer.**

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

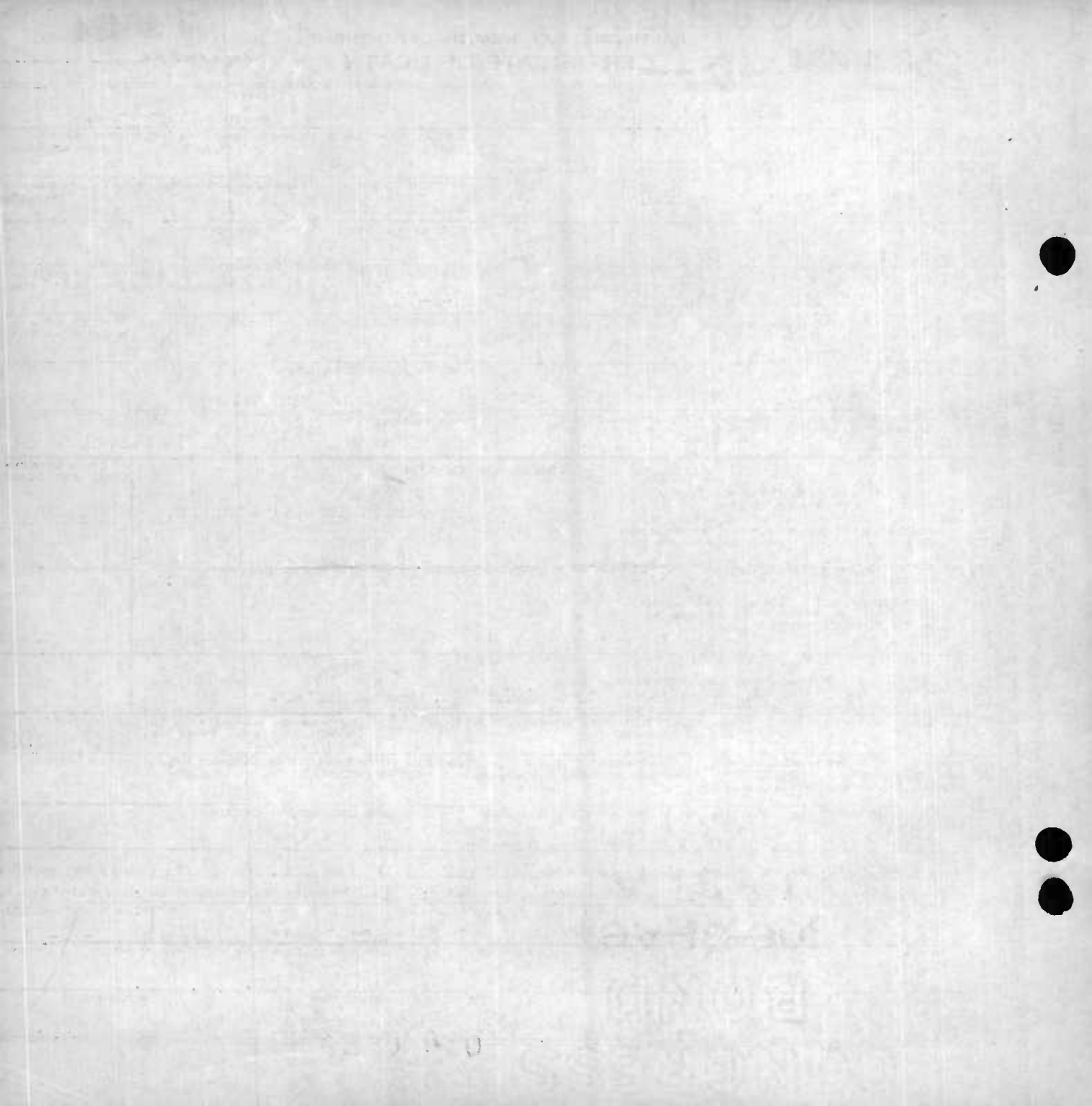
Possible TBC, peptic ulcer.

19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from **November 25, 1953** to **Nov. 27**, 1953, that I last saw the deceased alive on **Nov. 27**, 1953, and that death occurred at **9:20A. m.**, from the causes and on the date stated above.

23A. SIGNATURE **W. J. Doern Jr.** M. D. 23B. ADDRESS **University Hospital Baltimore** 23C. DATE SIGNED **11-27-53**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov. 30, 1953	24C. NAME OF CEMETERY OR CREMATORY New Cathedral	24D. LOCATION (City, town, or county) (State) Balto. 29, Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 29 1953	REGISTRAR'S SIGNATURE William H. Williams	25. FUNERAL DIRECTOR Harry H. H. H.	ADDRESS 101 Edmondson Ave.



5-200

53 10485

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10485
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELMER

SKAGGS

2. DATE
OF
DEATH NOV. 27, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Lutheran Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

MACHINIST

10B. KIND OF BUSINESS OR
INDUSTRY

Behrand Bros.

13. FATHER'S NAME

Harvey Skaggs

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknown

No

(If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MRS. DONALD Childs, 1415 S. Carey St

18. E824.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Skull fracture

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

Cerebral edema and contusions

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

road

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Route 40 and Route 144 (intersection)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

. 22, 1953

m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒21F. HOW DID INJURY OCCUR? Driving auto, lost
control, thrown from car22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Nov. 27, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

11-30-53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem

24D. LOCATION (City, town, or county)

4300 Old Indian Rd

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

N-802.2

5443D

✓

11-12-17

S-130
53 10486BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10486
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRED J. SCHIAVETTI

2. DATE
OF
DEATH

11-26-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTIMORE CITY

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE before admission)

MARYLAND

B. FULL NAME OF (not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

MERCY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1010 FAWN ST.

C. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

Aug. 8. 1922

9. AGE (in years
last birthday)

31

If Under 1 Year

Months: Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR
INDUSTRY

Wagon Repairing

11. BIRTHPLACE (State or foreign country)

BALTIMORE Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JOSEPH A. Schiavetti

14. MOTHER'S MAIDEN NAME

MINNIE PASCUCCI

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

ARMY.

16. SOCIAL SECURITY NO.

214-14-4885

17. INFORMANT

JOSEPH A. Schiavetti

ADDRESS

1010 FAWN ST.

18. 330 X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) SUBARACHNOID HEMORRHAGE

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) RUPTURED BERRY ANEURYSM

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐HOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an AUTOPSY thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph A. Jachimczyk

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

11-26-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov 30 1953

24C. NAME OF CEMETERY OR CREMATORY

Most Holy Redeemer

24D. LOCATION (City, town, or county)

BALAIR Road.

(State)

Md.

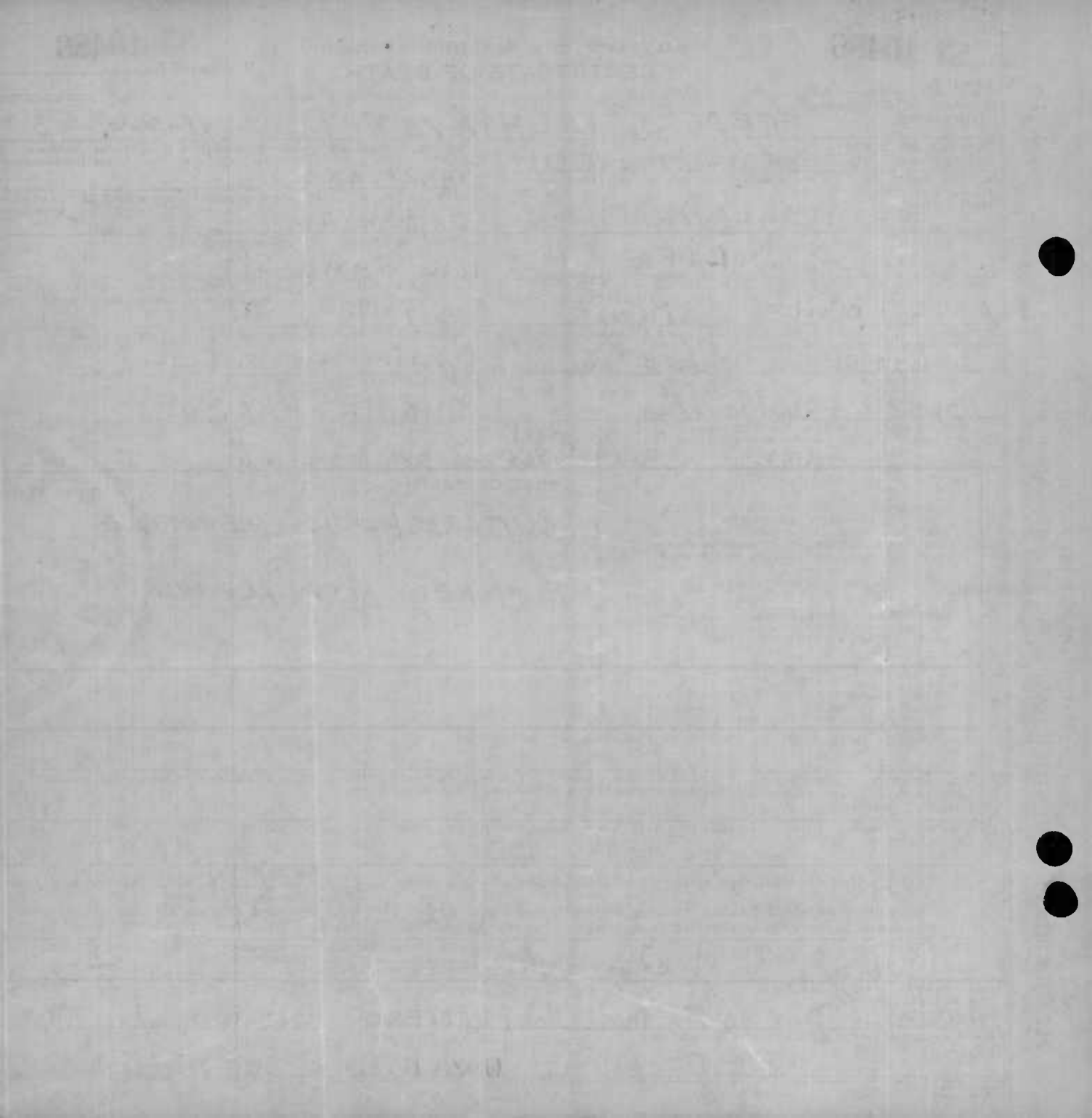
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

DORIS S. PAPPAL 3125 Highland Ave



85-200
AB-176969
53 10487

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10487

1. NAME OF DECEASED (Type or Print) Minnie Ricks			2. DATE OF DEATH Nov. 26-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 25yrs.			D. STREET ADDRESS (If rural, give location) 114 N. Mount St. zone 23		
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 19-1907		9. AGE (in years last birthday) 46
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE			11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Wm. Neal			14. MOTHER'S MAIDEN NAME Jennie Wiley		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT 4940 Eastern Ave. ADDRESS Records: Baltimore City Hospitals		

18. **156.1** CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) **Carcinoma of Liver**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

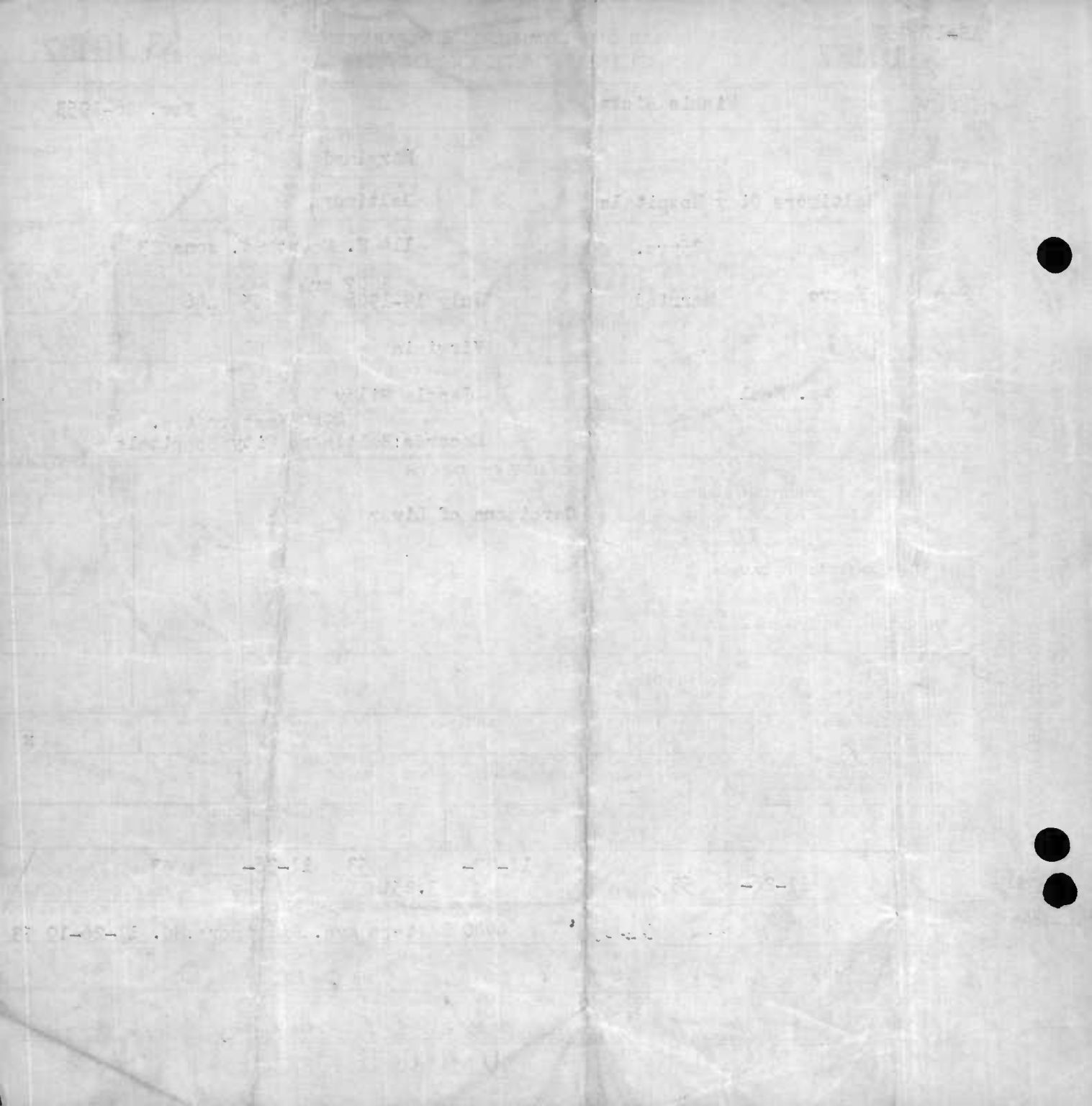
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 11-23-53	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **11-23-**, 19**53** to **11-26-**, 19**53** that I last saw the deceased alive on **11-26-**, 19**53**, and that death occurred at **3.25 AM**, from the causes and on the date stated above.

23A. SIGNATURE **H. C. John** M. D. 23B. ADDRESS **4940 Eastern Ave., Baltimore, Md.** 23C. DATE SIGNED **11-26-19 53**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11-30-53	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	24D. LOCATION (City, town, or county) (State) Balt. City Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 29 1953	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Wm. A. Jackson ADDRESS 916 Penna.	



C-200
53 10488BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10488
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Vivien Cox

2. DATE
OF
DEATH

Nov. 29, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Osl 2

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

md.

Harford

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Forest Hill

D. STREET ADDRESS (If rural, give location)

6200

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9-1-1911

9. AGE (In years
last birthday)

42

If Under 1 Year
Months: Days

3 28

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Farming

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF
WHAT COUNTRY?

US

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 445X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Malignant hypertension

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/19, 1953, to 11/29, 1953, that I last saw the
deceased alive on 11/29, 1953, and that death occurred at 5:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Richard C. Reynolds

M. O.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/2/53

24C. NAME OF CEMETERY OR CREMATORY

Fairview

24D. LOCATION (City, town, or county)

Forest Hill

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 30 1953

REGISTRAR'S SIGNATURE

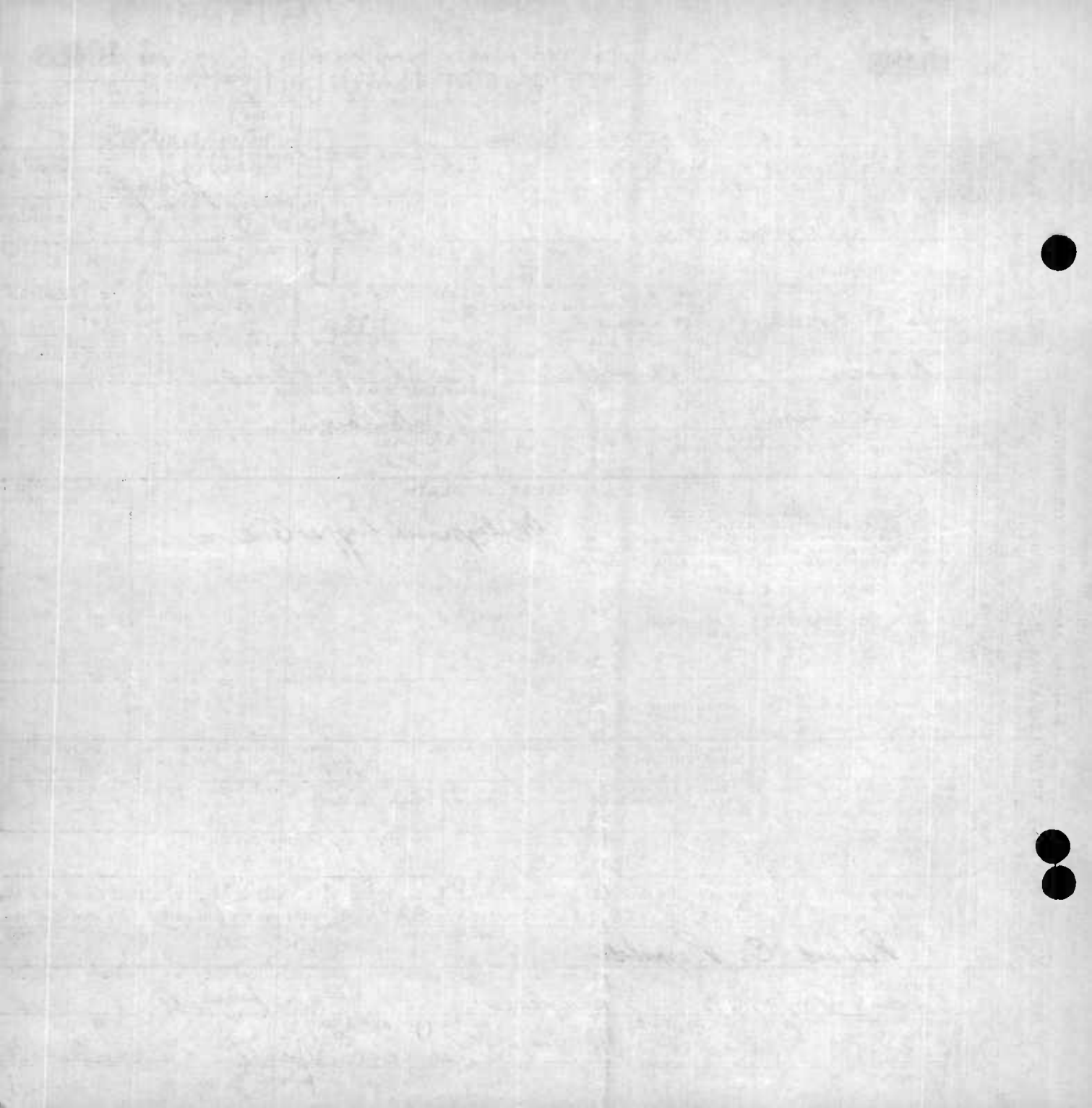
Huntington Williams

25. FUNERAL DIRECTOR

Charles E. Kurtz

ADDRESS

Jarrettsville



F560
53 10489BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10489

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Henry F. Fohner

2. DATE
OF
DEATH

11/27/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1022 N. Milton Ave.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto

D. STREET ADDRESS (If rural, give location)

1022 N. Milton Ave

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

About 1878

9. AGE (In years

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Painting

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Frank Fohner

14. MOTHER'S MAIDEN NAME

Sophia Goetze

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

25-01-4165

17. INFORMANT

Hilda S. Moxley Sherwood Rd.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary artery disease

?

ANTECEDENT CAUSES

DUE TO

(B)

arteriosclerosis - generalized

?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

Hypertension

?

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Malnutrition

?

19A. DATE OF OPERATION

0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK

NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1949 to 11/27, 1953, that I last saw the deceased alive on 11/29, 1953 and that death occurred at 8:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

J. J. Kline

M. D.

23B. ADDRESS

2623 E. Monument St.

23C. DATE SIGNED

11/29/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/30/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

NOV 30 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Cook & Co. 1217 St. Paul St.

ADDRESS

Germany
Austria
Prussia
Bavaria

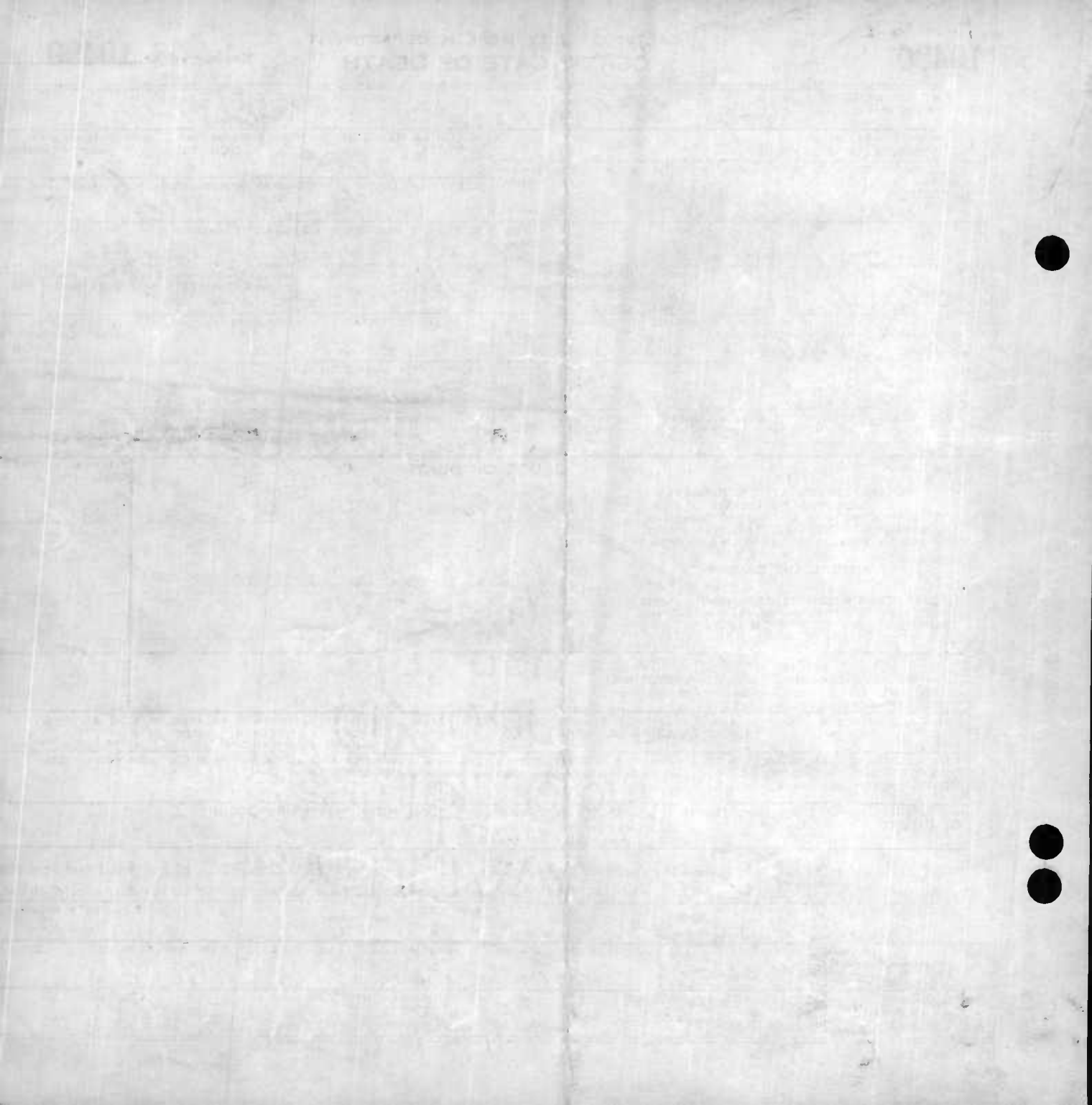
1871
1872
1873
1874

1875
1876
1877
1878

K-626
10490
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 10490

1. NAME OF DECEASED (Type or Print) <i>George W. Karcher</i>		2. DATE OF DEATH <i>11/26/53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2818 Huntington Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 12-07</i>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>2818 Huntington Ave</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>10/22/1884</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Shoemakers Helper</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>B.O.R.R.</i>	9. AGE (In years last birthday) <i>69</i>
11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Gottlieb Karcher</i>		14. MOTHER'S MAIDEN NAME <i>Elizabeth A. Schultz</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		17. INFORMANT <i>Irma B. Cannon W. Belvedere</i>	
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Coronary Arteriosclerosis</i> DUE TO (A) <i>Coronary Arteriosclerosis</i> (B) <i>Hypertensive Cardiovascular disease</i> DUE TO (C) <i>Arteriosclerosis</i> INTERVAL BETWEEN ONSET AND DEATH <i>8 yrs.</i>		18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Coronary Arteriosclerosis</i> DUE TO (A) <i>Coronary Arteriosclerosis</i> (B) <i>Hypertensive Cardiovascular disease</i> DUE TO (C) <i>Arteriosclerosis</i> INTERVAL BETWEEN ONSET AND DEATH <i>8 yrs.</i>	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Nov. 11th</i> , 19 <i>53</i> , to <i>Nov 26th</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>Nov. 26th</i> , 19 <i>53</i> , and that death occurred at <i>1:40 P.M.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>George H. E. Cross</i>		23B. ADDRESS <i>2818 Huntington Ave</i>	
23C. DATE SIGNED <i>11-27-53</i>		23D. DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 30 1953</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11/30/53</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Louisa Park</i>		24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>	
25. FUNERAL DIRECTOR <i>Huntington Park</i>		25. FUNERAL DIRECTOR <i>Cook Inc. 1217 St. Paul St.</i>	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Letitia M. Wood		11/26/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or location)		A. STATE Md. B. COUNTY			
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		Balto			
D. STREET ADDRESS (If rural, give location)		225 Northway			
c. Length of stay in Baltimore		Yrs. Mos. Days			
5. SEX Female		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH 4/23/1881	
HOUSEKEEPER		Private Home		9. AGE (In years last birthday) 72	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?		H Under 1 Year Months: Days H Under 24 Hours Hours: Min.	
New York		U.S.A.			
13. FATHER'S NAME Thomas H. Maxwell		14. MOTHER'S MAIDEN NAME Letitia Kyle		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 215-52-2758		17. INFORMANT Roy E. Rowe		ADDRESS Washington D.C.	
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO (A) Coronary Thrombosis				9 hrs.	
DUE TO (B) 30 Heart Block				3 yrs.	
DUE TO (C) Arteriosclerotic C-V Disease				3 yrs.	
GENERALIZED ARTERIOSCLEROSIS					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Diverticulosis. Healed Pul Tbc.		9 yrs.	
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov 19 to Nov 26, 1953, that I last saw the deceased alive on Nov 25, 1953, and that death occurred at 11:00 am., from the causes and on the date stated above.					
23A. SIGNATURE R. Kulevity MD.		23B. ADDRESS 400 N. Hilton St.		23C. DATE SIGNED 11/27/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/30/53		24C. NAME OF CEMETERY OR CREMATORY Woodlawn	
24D. LOCATION (City, town, or county) Woodlawn Md.		24E. FUNERAL DIRECTOR		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR NOV 30 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		1317 St. Paul St.	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 10492BIRTH NO. 53 10492

1. NAME OF DECEASED (Type or Print) <u>Louis Henry Kromm</u>			2. DATE OF DEATH <u>Nov. 28, 1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Montebello State Hospital</u>			C. CITY OR TOWN <u>Baltimore</u>		
C. Length of stay in Baltimore <u>3X</u>			D. STREET ADDRESS (If rural, give location) <u>610 E. Baltimore Street</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 30, 1872</u>	9. AGE (In years, last birthday) <u>80</u>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unknown</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>unk</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Theodore H. Kromm</u>			14. MOTHER'S MAIDEN NAME <u>Catherine Scherman</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>unk.</u>		16. SOCIAL SECURITY NO. <u>unk.</u>	17. INFORMANT ADDRESS <u>Hospital record</u>		
18. <u>420.0</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Arteriosclerotic Heart Disease</u> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Hypertensive Cardio-vascular Disease - ditto</u> (B) (C)					
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>0</u>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Sept. 23</u> , 1947, to <u>Nov. 28</u> , 1953, that I last saw the deceased alive on <u>Nov. 28</u> , 1953, and that death occurred at <u>6:10 A. m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Michael Rai</u>		23B. ADDRESS <u>Montebello Hospital, Balt.</u>		23C. DATE SIGNED <u>11/28/53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>12/2/53</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Parkwood</u>	
24D. LOCATION (City, town, or county) (State) <u>Parkville Md</u>		24E. NAME OF CEMETERY OR CREMATORY <u>Parkwood</u>		24F. LOCATION (City, town, or county) (State) <u>Parkville Md</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>NOV 30 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		25. FUNERAL DIRECTOR ADDRESS <u>60K Du 1217 St. Paul St.</u>	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1111

DATE OF DEATH		PLACE OF DEATH	
A. DATE		B. PLACE	
C. TIME		D. STREET	
E. CITY		F. COUNTY	
G. STATE		H. ZIP CODE	
I. DECEASED'S NAME		J. DECEASED'S AGE	
K. DECEASED'S SEX		L. DECEASED'S RACE	
M. DECEASED'S OCCUPATION		N. DECEASED'S MARITAL STATUS	
O. DECEASED'S BIRTH DATE		P. DECEASED'S BIRTH PLACE	
Q. DECEASED'S BIRTH STATE		R. DECEASED'S BIRTH COUNTRY	
S. DECEASED'S BIRTH CITY		T. DECEASED'S BIRTH COUNTY	
U. DECEASED'S BIRTH STATE		V. DECEASED'S BIRTH COUNTRY	
W. DECEASED'S BIRTH CITY		X. DECEASED'S BIRTH COUNTY	
Y. DECEASED'S BIRTH STATE		Z. DECEASED'S BIRTH COUNTRY	

CAUSE OF DEATH		MANNER OF DEATH	
A. CAUSE		B. MANNER	
C. CAUSE		D. MANNER	
E. CAUSE		F. MANNER	
G. CAUSE		H. MANNER	
I. CAUSE		J. MANNER	
K. CAUSE		L. MANNER	
M. CAUSE		N. MANNER	
O. CAUSE		P. MANNER	
Q. CAUSE		R. MANNER	
S. CAUSE		T. MANNER	
U. CAUSE		V. MANNER	
W. CAUSE		X. MANNER	
Y. CAUSE		Z. MANNER	

F 612
10493BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 10493
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jane Dawson Forbes

2. DATE
OF
DEATH

Nov. 29, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONUnion Memorial
HospitalYrs.
Mos.
Days

5. Length of stay in Baltimore

6. SEX
H.6. COLOR OR RACE
W.7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single8. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Never Employed

10B. KIND OF BUSINESS OR
INDUSTRY

9. FATHER'S NAME

Sydney H. Forbes

5. WAS DECEASED EVER IN U. S. ARMED FORCES?
(es, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

June 4, 1878 75

9. AGE (in years
last birthday)11 Under 1 Year
Months Days Hours Min.

11 BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

Matilda Weems

17. INFORMANT

ADDRESS

Mr. Richard M. Forbes, 1432 Park Ave, Balt.

18. 157X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

systemic
General Forensic convulsion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Metastatic Ca of Liver

(C)

Ca of Pancreas

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Heart Disease.
Arteriosclerotic Hypertensive

19A. DATE OF OPERATION

11-19-53

19B. MAJOR FINDINGS OF OPERATION

Ca of Pancreas, Metastasis to Liver

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from Nov 18, 1953, to Nov. 29, 1953 that I last saw the
deceased alive on 0209 1953, and that death occurred at 0204 m., from the causes and on the date stated above.

23A. SIGNATURE

H. M. Kim, M. D.

23B. ADDRESS

Union Mem. Hosp.

23C. DATE SIGNED

11-29-53

4A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/1/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Balt. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Wm. C. Inc. 1217 St. Paul St

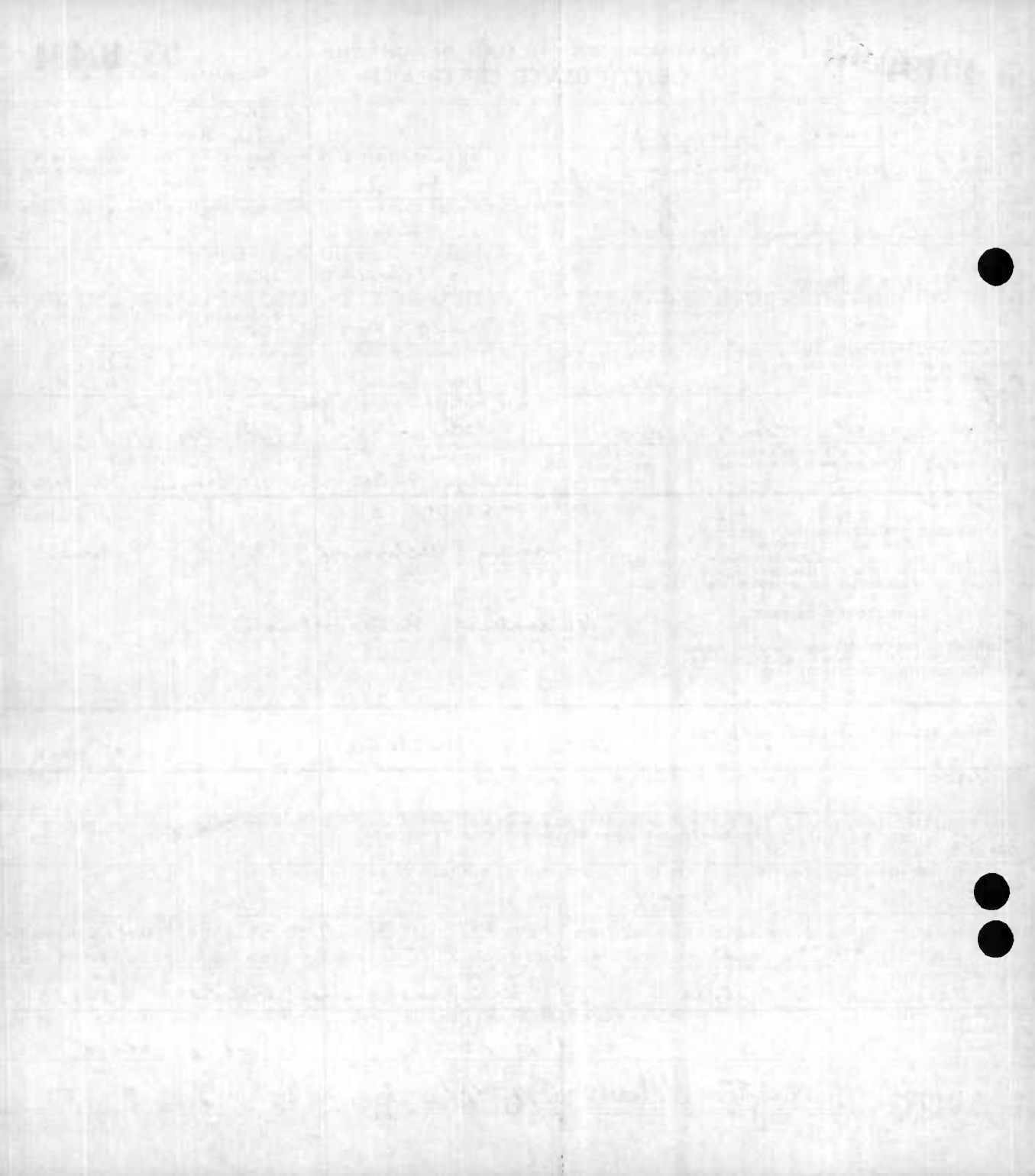
ADDRESS

2-552
53 10494
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10494
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Gertrude Cummings</i>		2. DATE OF DEATH <i>Nov. 29, 1953</i>	
3. PLACE OF DEATH: Baltimore City, Maryland <i>Maryland</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland General Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Towson 4</i>	
6. Length of stay in Baltimore <i>life</i>		D. STREET ADDRESS (If rural, give location) <i>10 Thornhill Rd 5355</i>	
7. SEX <i>F</i>	8. COLOR OR RACE <i>W</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	10. DATE OF BIRTH <i>Jan. 10, 1878</i>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		12. AGE (In years last birthday) <i>75</i>	
13. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>		14. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
15. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		16. FATHER'S NAME <i>Frederick Hinkhaus</i>	
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		18. SOCIAL SECURITY NO.	
19. MOTHER'S MAIDEN NAME <i>Elizabeth (Unknown)</i>		20. INFORMANT ADDRESS <i>George C. Bauer 110 Croydon Rd, Balto 12</i>	
21. CAUSE OF DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) A. <i>Coronary Occlusion</i> DUE TO B. <i>Generalized Arteriosclerosis</i> DUE TO C. <i>Diabetes Mellitus</i>			
22. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
23. DATE OF OPERATION <i>0</i>		24. MAJOR FINDINGS OF OPERATION	
25. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		26. DATE OF OPERATION <i>0</i>	
27. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		28. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
29. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		30. TIME (Month) (Day) (Year) (Hour) OF INJURY	
31. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		32. HOW DID INJURY OCCUR?	
33. I hereby certify that I attended the deceased from <i>Nov. 24</i> , 19 <i>53</i> , to <i>Nov. 29</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>Nov. 29</i> , 19 <i>53</i> , and that death occurred at <i>7:50 PM</i> , from the causes and on the date stated above.			
34. SIGNATURE <i>Valeriana B. Castillo</i>		35. ADDRESS <i>Maryland General Hospital</i>	
36. DATE <i>12/2/53</i>		37. NAME OF CEMETERY OR CREMATORY <i>Loudon Park</i>	
38. LOCATION (City, town, or county) <i>Balto. Md.</i>		39. DATE SIGNED <i>11/29/53</i>	
40. REGISTRY RECEIVED BY LOCAL REGISTRAR <i>NOV 30 1953</i>		41. REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
42. FUNERAL DIRECTOR <i>10-Box Inc. 1217 St. Paul St.</i>		43. ADDRESS	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Robert E. Reuchling

2. DATE OF DEATH
NOV 29 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

20

5254

D. STREET ADDRESS (If rural, give location)

Rt 15 Box 35-7 Clarks Point Road

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

7/5/1899

9. AGE (In years last birthday)

54

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR INDUSTRY

W. Md. Dairy

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Fred Reuchling

14. MOTHER'S MAIDEN NAME

Katie (unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

Yes

16. SOCIAL SECURITY NO.

W. W. #1 215-10-2312

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18. 451X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Dissecting Aneurysm of the Aorta

(A) DUE TO

(B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

2 hrs

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

Atherosclerosis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-28-1953 to 11-29-1953 that I last saw the deceased alive on 11-29-1953, and that death occurred at 3:05 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Lawrence L. Reed

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

11/29/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12/2/53

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Cook, J. C.

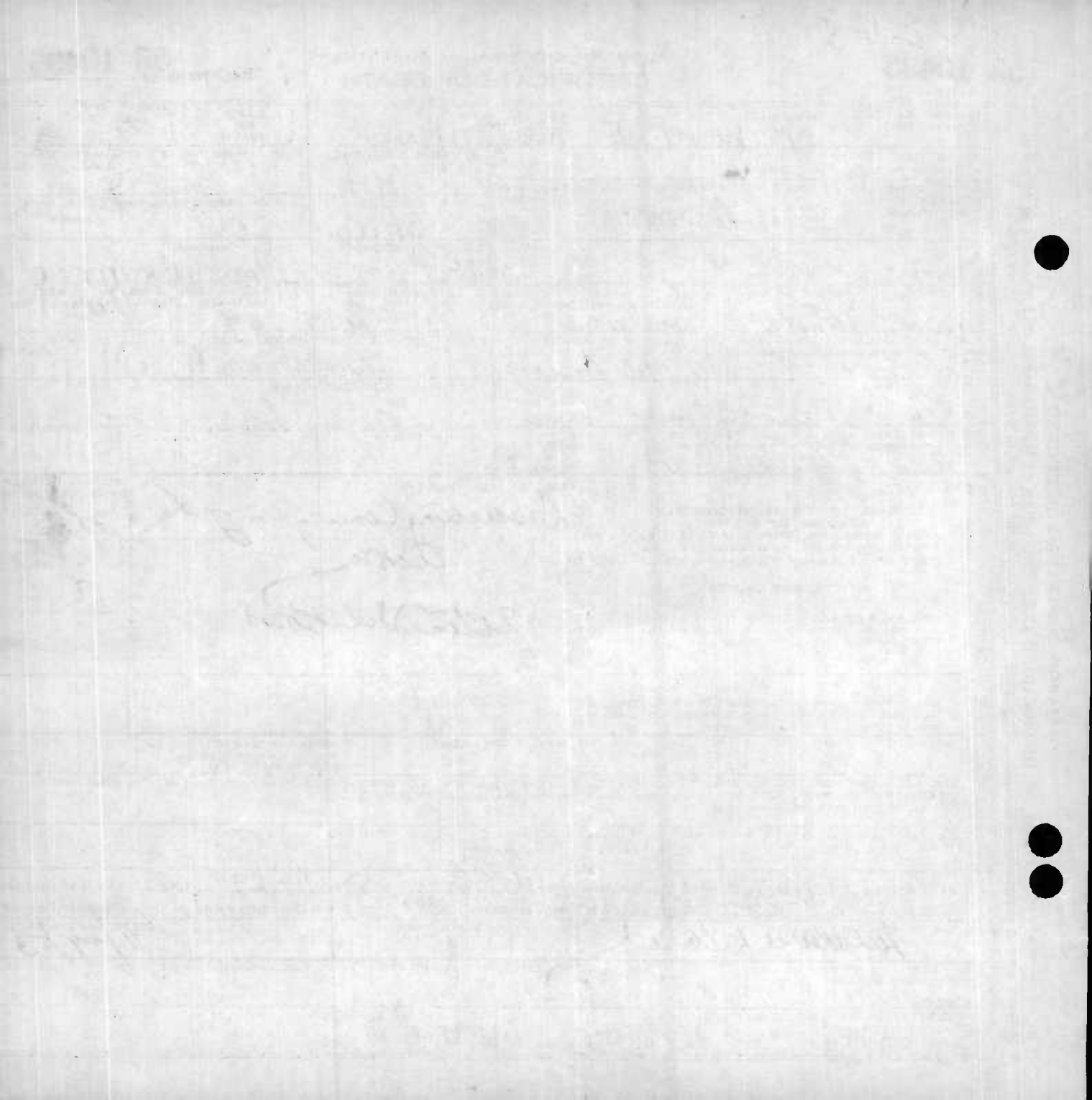
ADDRESS

1217 St. Paul St.

NOV 30 1953

VS 150

49041



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 10496

M-624

53 10496

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ada Marshall

2. DATE
OF
DEATH

11/28/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1830 W. Mosher St.

c. Length of stay in Baltimore

1

5. SEX

F

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W.

8. DATE OF BIRTH

Nov. 27, 1892

9. AGE (In years
last birthday)

61

H Under 1 Year
Months: DaysH Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

Private Families

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.B.

13. FATHER'S NAME

A. N. KNOWN

14. MOTHER'S MAIDEN NAME

A. N. KNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

184-22-7289

17. INFORMANT

ADDRESS

Melvin Carter, 1830 W. Mosher St.

18. 446X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Renal Insufficiency - Uremia 3 weeks.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Nephrosclerosis -

(C)

Hypertension.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-10, 1953, to 11-28, 1953, that I last saw the
deceased alive on 11-28, 1953, and that death occurred at 6:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert L. Bumpers

M. D.

23B. ADDRESS

722 E. Fulton Ave

23C. DATE SIGNED

11/29/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/3/53

24C. NAME OF CEMETERY OR CREMATORY

Ridgeway

24D. LOCATION (City, town, or county)

Scottsville Va.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 30 1953

REGISTRAR'S SIGNATURE

Huntington, W. Va.

25. FUNERAL DIRECTOR

ADDRESS

Wm. T. Chatman, Jr. 1201 M^{rs} Culloh St.

Bolto. Md.

SECRET

RECEIVED DIRECTOR
JAN 10 1954
NYAGU RY 21000

30

TO: DIRECTOR, FBI
FROM: SAC, NEW YORK
SUBJECT: [Illegible]

[The remainder of the page contains several paragraphs of extremely faint, illegible text, likely a teletype or memorandum.]

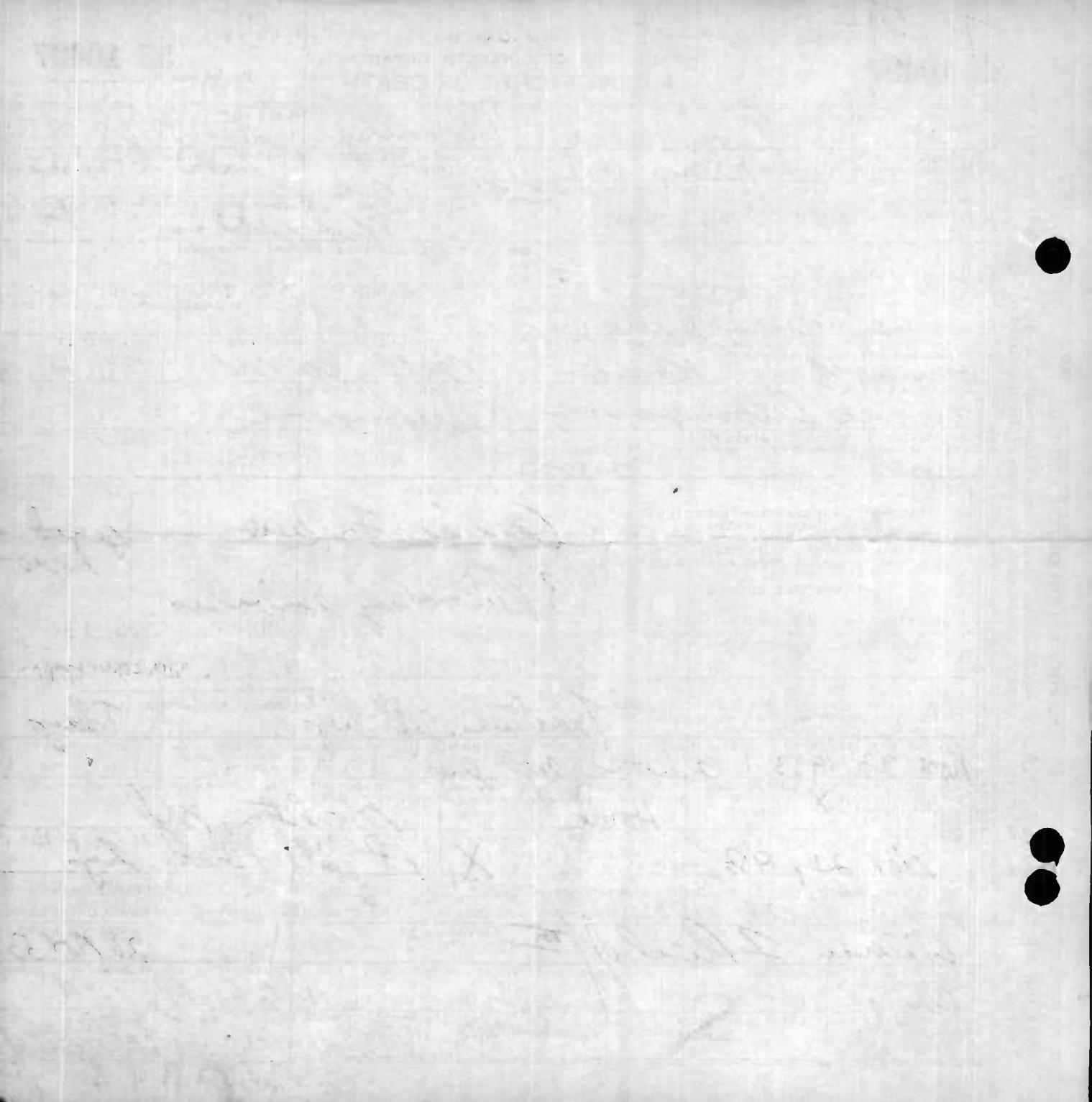


The 5.48 Case - Released to Hospital

53 10497 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 53 10497

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Emma Thomas</i>		2. DATE OF DEATH <i>Nov. 28, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>surg 1644</i>		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Monkton</i>			
c. Length of stay in Baltimore <i>7</i> Days		D. STREET ADDRESS (If rural, give location) <i>5300</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>1-18-1851</i>	9. AGE (In years last birthday) <i>102</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Home</i>		11. BIRTHPLACE (State or foreign country) <i>Balto. co. Md.</i>	
13. FATHER'S NAME <i>Moses Thompson</i>		14. MOTHER'S MAIDEN NAME <i>unknown</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>E 903.0</i>		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Cardiac Failure</i>		INTERVAL BETWEEN ONSET AND DEATH <i>several hours</i>	
ANTECEDENT CAUSES		(B) <i>? Pulmonary embolus</i>		CERTIFICATION APPROVED BY	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) <i>Fracture, left hip</i>		CHIEF OR ASST. MEDICAL EXAMINER <i>Joseph A. Jachims</i> <i>Md.</i> <i>1 day</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>Nov 23, 1953</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <i>Fracture, left hip</i>		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? <i>Monkton, Md. 5300</i>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>Nov 21, 1953</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <i>He fell from a 2nd floor</i>	
22. I hereby certify that I attended the deceased from <i>11-21-</i> , 19 <i>53</i> , to <i>11-28-</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>11-28-</i> , 19 <i>53</i> and that death occurred at <i>11:00 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>William F. Riehl</i> M. D.		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>28 Nov 53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12/3/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Pine Grove</i>	
24D. LOCATION (City, town, or county) (State) <i>White Hall, Md.</i>		25. FUNERAL DIRECTOR <i>Wm. L. Chatman</i>		ADDRESS <i>701 Mt. Vernon</i> <i>Balto. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 30 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington</i>			

VS 150 *N 820.0*



53 10498

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 10498

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES H. DOWNS

2. DATE
OF
DEATH

11/27/1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2101 GOLDSRING LA.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

BAR-WIL-BA-CONVALESCENT HOME

C. CITY OR TOWN

BALTIMORE

(If outside corporate limits, write it and give township)

D. STREET ADDRESS (If rural, give location)

1818 N. MOUNT ST.

c. Length of stay in Baltimore LIFE

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

COL

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

1864

9. AGE (In years
last birthday)

89 yrs

10. Under 1 Year
Months Days10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR
INDUSTRY

NONE

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Jacob Downs.

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

HARRY CARPENTAR 1221 ARCVLE AVE

18. 410X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Initial Insufficiency

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

10 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1953, to Nov. 27, 1953, that I last saw the
deceased alive on Nov. 26, 1953, and that death occurred at 4:30 a.m. from the causes and on the date stated above.

23A. SIGNATURE

George C. Stages

23B. ADDRESS

1818 N. Mount St.

23C. DATE SIGNED

11-29-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec 1-53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

James A. Stages 6384 Delmar



155
10499

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 10499
Registered No.

1. NAME OF DECEASED (Type or Print) Chapman, Frank Sherman			2. DATE OF DEATH November 27, 1953		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution residence before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) St. Joseph's Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
6. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 317 S. Macon Street		
7. SEX Male	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	10. DATE OF BIRTH Aug. 14, 1896		11. AGE (in years last birthday) 57
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Clerk			13. KIND OF BUSINESS OR INDUSTRY Clothing		14. BIRTHPLACE (State or foreign country) New York
15. FATHER'S NAME ?			16. MOTHER'S MAIDEN NAME Ethel ?		
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) ca, no or unknown			18. SOCIAL SECURITY NO. 213-07-0824		
19. ADDRESS			20. INFORMANT St. Joseph's Hospital Records		

18. 163X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Carcinoma of the bronchi with (B) Generalized carcinomatosis DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- G <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> n. WORK AT WORK	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **October 21, 1953**, to **November 27, 1953** that I last saw the deceased alive on **Nov. 27, 1953**, and that death occurred at **1:00 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE Carlo Forno ?	23B. ADDRESS 1400 N. Caroline Street	23C. DATE SIGNED Nov. 27, 1953
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Dec. 1, 1953	24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
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25. FUNERAL DIRECTOR Lilly & Zeiler Inc.	ADDRESS 403 S. Wolfe St.
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34246

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 10500
Registered No.

53 10500
BIRTH NO.

1. NAME OF DECEASED (Type or Print) MR. JOHN MILTON ROSSING		2. DATE OF DEATH 11/27/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, with RURAL and give township) Baltimore	
D. Length of stay in Baltimore 61 Yrs. Mos. Days		E. STREET ADDRESS (If rural, give location) 3013 Mary Ave.	
5. COLOR OR RACE M.	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 12, 1892
9. AGE (In years last birthday) 61		10. Under 1 Year Months Days	11. Under 24 Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Supervisor		10B. KIND OF BUSINESS OR INDUSTRY Public School	
11. BIRTHPLACE (State or foreign country) America - Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Henry A. Rossing		14. MOTHER'S MAIDEN NAME Emma Fisher	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Mrs. Emma Rossing		ADDRESS Same	

CAUSE OF DEATH

<p>18. 416x</p> <p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)</p> <p align="center">ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p align="center">II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p>
<p>(A) auricular fibrillation</p> <p>DUE TO</p> <p>(B) Rheumatic heart disease</p> <p>DUE TO</p> <p>(C)</p>	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

I hereby certify that I attended the deceased from **11-12-53**, 19__, to **11-27-53**, 19__, that I last saw the deceased alive on **11-27-53**, 19__, and that death occurred at **10:20 A.M.**, from the causes and on the date stated above.

SIGNATURE Lugh M. Brown		23B. ADDRESS Union Memorial Hosp.		23C. DATE SIGNED 11-27-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-30-53		24C. NAME OF CEMETERY OR CREMATORY PARKWOOD	
24D. LOCATION (City, town, or county) (State) BALTO. Md					

DATE RECEIVED BY LOCAL REGISTRAR NOV 30 1953		REGISTRAR'S SIGNATURE H. E. Williams		25. FUNERAL DIRECTOR Medred T. Blight, 6009 Hazled Rd	
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